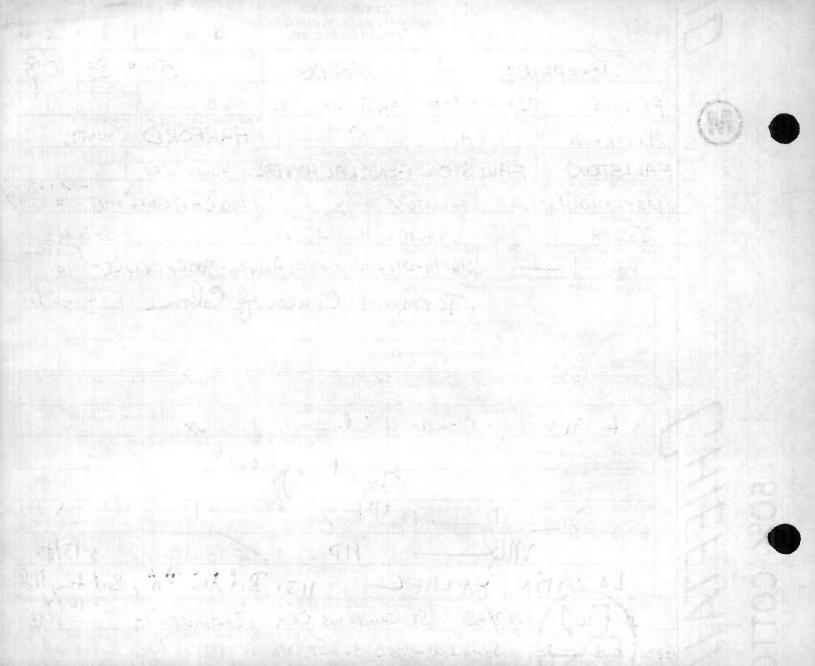
H	4		FOR STATE REGISTRAR			MENT OF HI CERTIFI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH		REG. NO.	13	5 2 8
9 0	Sect 1	1. DE	ORPRINT) JOSEPH		Ae	Ä	ABERG	20. DATE O	F DEATH MONTH	3-83	26. HOUR 15
Ве 4 по	0	3. SE	EMALE	4. RACE	SIAN	S. DATE O	BIRTH 24, 1925		YEARS LAST BIRTHDAY) YEARS LAST BIRTHDAY) YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
eath. Po	W 35	70 B	OUNTRY) ARYLAND	16 CITIZEN OF V	HAT COUNTRY	MARRIED	NEVER MARRIED DIVORCED	HA	RFORL	Coun	7Y, MD.
01 s offer d	182	F	ALLSTON	11. NAME OF H	OSPITAL, NURS	TADDRESS)	ROTHER INSTITUTION	TYPE OF WO	OCCUPATION RK FOR MOST OF WORKIN	G LIFE INDUSTRY	OF BUSINESS OR
MARYLAND 2120 ed within 24 hours	auld be in a series	USU 139	TATE 136 COU		GIVE RESIDENCE BEFO 13c. CITY OR TOV FALLST	WN I	134. INSIDE CITY LIMITS?	13e STREET		U COURT	-FALLSTON -#2104
MARYLA ed within	mpletely and 2 sh	14. F/	THER'S NAME JOSEPH	WIDDLE	MAC	H	15. MOTHER'S MAIDEN N	AME	MIDDLE	14	FARZ
	Poges 1		(AS DECEASED EVER IN U.S. AI	VE WAR OR DATEST	2/6-/6-		ANDERS E. A	ABERG-	1700 CHATA		FALLSTON, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be executed in a physician.	ned by the ottending phy pleose remave corbonpo virial, cremation, or remay y, ar ather traumatic event		18. CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSI 153 P IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	JENCE OF	Cancen NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION	3	XIMATE INTERVAL ONSET AND DELIM
VITAL RECORDS N: The law requi	icate has been signants permit. There Hygiene prior to b. 18 shaws any injur.	CERTIFICATION	190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF	Canu	H OPERATION	WAS PERFORMED 21c. HOW INJURY OCCU	200 AUT YES T	NO AT IN CE	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH? NO []
DIVISION OF	After this certificate on the burial-ti-	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C (AT HOME, STRE	A. DE INJURY SET, FACTORY, OFFICE	19	21) 10 ATION	her	CITY OR TOWN	COUNTY	STATE
OR ATTEND	DIRECTOR: A coched for use Dept. of Heo		22a.1 certify that (this hosp sow the deceased blive or obove, (1) (we) (and) (did a 22b. SIGNATURE				ATTENDING	MEDICAL	STAFF		that N (we) lost couses stated
TO HOSPITAL	should be determined by with the State		22d. PHYSICIAN'S NAME ITYPE	OR PRINT!	Ann	1	22e. ADDRESS	Bul:	this Pd	Bil	ti, 112
BI	7		URIAL, CREMATION, REMOVA	1 236. DATE / 8	3 S	Com	METERY OR CREMATORY SLAUS CEM.	BAL	TIMBRE CI	COUNTY	10 ry
	- 16 50M 4/B2 /RA 15, 4)	0	NERAL DIRECTOR NAME ORGE A. WEBE	R & Son	S INC -	705 S.	ANNST MA	Y 6 1	REGISTRAR 251 REG	GISTRAR'S SIGNA	TURE



1					ARYLAND						
1	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5 PEG NO. 3										
	REGISTRAR			IER'S C		OF DEA	REG	NO.	2 -3 -6	7	
	DECEASED NAME TYPE OR PRINT)	FIRST	MIDDLE		LAST		20. DATE KNOWN OF ESTI-	XX MONTH	DAY YEAR	26 HOUR	
		RANDALL	Lee	ADA	IR	A 1	OF ESTI- DEATH MATED	□ 5-5	-83 19	M	
3 5	SEX 4 RAC			ARS IF UN	IDER 1 YR. IF UND	DER 24 HRS.	2c. DATE	HTMOM	DAY YEAR	2d HOUR	
Am	ile Whi		CAST DIKTED	RS. MONTH	HS. DAYS HOURS	MIN.	PRONOUNCED DEAD		10	am 10:4	
	BIRTHPLACE (STATE OR		VHAT COUNTRY?	1			9. BALTIMORE CIT	Y OR EDUN	TYOF DEATH	110:4	
5	Harford Co.	Md. U.S.A		WIDOW	ED K NEVER MA	_					
10	CITY OR TOWN OF DEA		OSPITAL, NURSING HOM			RCED LIST	Harford JAL OCCUPATION	County	126. KIND OF BU	MD.	
12	**	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)			FOR A	AOST OF WORKING LIFE)		OR INDUST		
P HE	arve DeGrace	RSING HOME OR OTHER INSTITUTION,	Memorial H	ospit	al	Sel	Lf Employ	ed	Masonry	Work	
5 13a		Cecil	134 CITY OR TOWN	ION)	134 INSIDE CITY LIMITS	13e. STRI	EEI ADDRESS	y Grove	e Rd.	18	
	FATHER'S NAME	MIODLE			15. MOTHER'S MA	IDEN NAME					
11	Wilson	MADLE	Adair		Mary		LOU	Fi	tzgerald		
7 160	WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDR				
1	(YES, NO. OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-62-419	1	Mary Lou	B sant	(Mother)	Same	address		
F		H (Enter only one couse per lir	T		,				APPROXIMATE	INTERVAL	
	PART I DEATH W	AS CAUSED BY:		ortio	2001151455				BETWEEN ONSE		
	4410		R AS A CONSEQUENCE		affeur ysir						
AL CREATION OF REPUBLICATION	Conditions, if o		A A CONSEQUENCE	OI .							
	gave rise to couse (a) stating		DACA CONSTOURNES								
	lying couse lost.	DUE TO, O	R AS A CONSEQUENCE	OF							
	BART O OTHER CICHICAGO	(c)									
7		T CONDITIONS CONTRIBUTING 10 DEAT	N BUT NOT RELATED TO THE TERM	AINAL OISEASE	OR CONDITION GIVEN IN	PART 1 to .					
7 2	10- DATE OF ORED	YION For some									
	190. DATE OF OPERA	IION IION IION	ITION FOR WHICH OPER	RATION W.	AS PERFORMED?				20. AUTOPSY	7	
CEPTIFICATION									YESXX	NO 🗌	
		tienin i	DF INJURY M. MONTH DAY YEAR	21c. HC	OW INJURY OCCUP	RRED (ENTER N	ATURE OF INJURY IN ITEM	A 18 PART 1 OR PA	ART 2)		
/ 3	CONTRIBUTING	CAUSE OF DEATH P.	M. 19			100	e Trost				
MEDICAL	21d. INJURY OCCURE	RED 21e PLACE	OF INJURY (AT HOME,		CATION		CITY OR TOWN		UNTY	STATE	
3	WHILE NOT AT WORK	ORK STATES					CIII OK IOWN	CO	UNIT	STATE	
		took charge of the remains de	resiliand alternative to 1.4	Autops	y X Inspec		1 🗆				
				-	, 444	1	Inquiry L.,	ond in my or	pinion		
	deoth resulted from	Notural couses XX	Accident L., Su	icide	, Homicide L		ermined monner	١,			
	ACTUAL	Mario To A	an Uld = 10		TITLE (SPECIFY)			DATE			
7	SIGNATURE	margare W	4 hours	M.	⊳Assistar	MEDI	CALEXAMINER	SIGNE	5-6-83		
11	EXAMINER'S NAME	M				11 0	. C.L				
7	(TYPE OR PRINT)		. Korell,M.	-	ADDRESS		n Street				
7 POLICE CONTROL OF THE PROPERTY OF THE PROPER	BURIAL, CREMATION, R		23c. NAME OF CE			23d, LO	CATION	coul	NTY ST	ATE	
		May 9,198	33 West Not	tIngh	nam Cem.	- ICol	ora	Cecil		Md.	
14	FUNERAL DIRECTOR	Andrew Andrew			11/250. PA	AVO BY	REGISTRAR 7 RI	GISTRAR'S S	SIGNATURE		
	ichard	L. (footee)	Frais Se	In.	11/1	AIS	1983	we could	Cancel		
7		1//	7	1	7					-	

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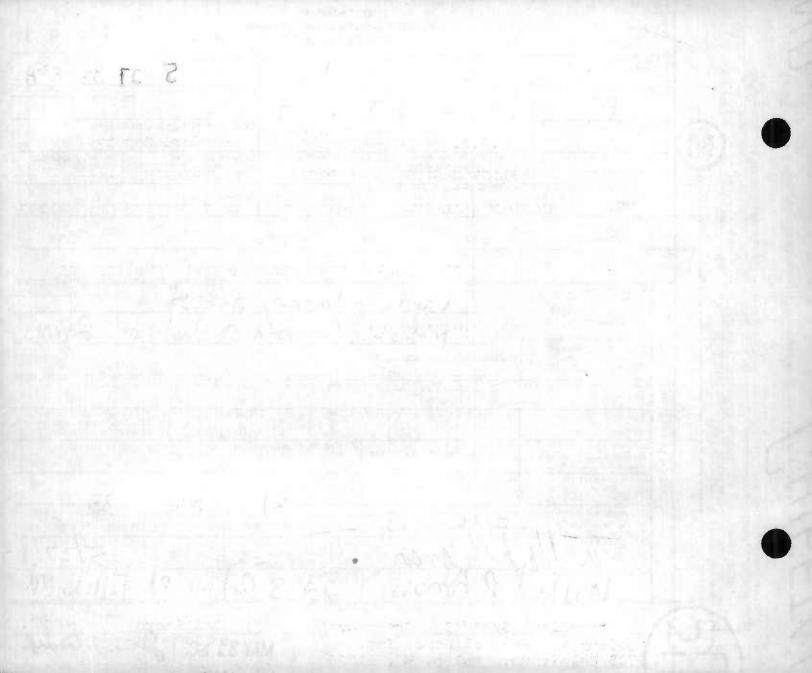
(VRA 15, 4)

-/		74 27.01	2	m 0 a	STATE	OF MARYLAND			
8	1.	FOR Item 21a&2 STATE REGISTRAR 13-83	ca Illi	1 500 DEPARTA		EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	135	3
		CEASED NAME FIRST		MIDDLE	0"	ST		MONTH DAY YEAR	26. HOU
	3. SE:	Fran	4. RACE	F.	S. DATE O	1er	6. AGE (IN YEARS LAST BIRT	1483	IF UNDE
4	J. SE.				MONTH	OAY YEAR		MONTHS DAYS	HOURS
1	Vo DA	Male	Whit	F WHAT COUNTRY?	Aug	24, 1912	70	YRS. R COUNTY OF DEATH	
	5	OUNTRY)		F WHAT COUNTRY:	MARRIED	NEVER MARRIED	//or/	E COOIST TO F DEATH	
		st Virginia	II. NAME O	F HOSPITAL NURSIN	WIDOWER	D DIVORCED D	12a USUAL OCCUPATION	ON 126 KIND O	F BUSIN
	11	wiede Grace	LIF POT INS	UCHFACILITY, GIVE STREET	DORESS]	41010	(TYPE OF WORK FOR MOST O		44.7
P. V. A.	JUSU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	ON GIVE RESIDENCE BEFORE		rial Hospi	Custodian	Hosp	
智力		STATE 13b CO	ford	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES → NO □	13e. STREET ADDRESS	- Oi1- A-	210
2//		aryland Har	Lord	Aberdee	311	15 MOTHER'S MAIDEN NAM		ns Circle Ap	t.]
6		FIRST	MIDDLE	LAST	10	FIRST	MIDDLE	LAS	T
0	16e. V	Andrew VAS DECEASED EVER IN U.S.	RMED FORCES	Player	JRITY NO.	17. INFORMANT	ADDRE	SS 6leek	
edic		(IF YES, NO OR UNKNOWN)	GIVE WAR OR DATES)				Abe	rdeen, MD 21	.001
4		Yes WW		280-01-	1020	Louise G. B.	aver 313 St	evens Cir. #	Le
er froum		Conditions, if ony, which gove rise to immediate couse (0), stating the	(b)	OR AS A CONSEQUE	ENCE OF T	- Tryper	(ullmi	a free	47.1
de o		underlying couse lost.	(c)_	12	NR/	aution	2		211
Kuolui	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS	LONIKIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART TO)
huo smo	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEA
8 %	W.	21a. ACCIDENT WAS UNDERLYING	11010	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
E	ZAL	OR CONTRIBUTING CAUSE OF	LAIN	P.M.	19 ·				
50	MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY	unu rech	21f. LOCATION	CITY OR TO	wn COUNTY	
rked	2	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY, OFFICE, F.	ARM EIC)	-	4	- 0	
S a		220.1 certify that (I) (this ha	1	/ 2	5	- 7 19 85	5 to 5 -	9 19 05	that (I)
21:		saw the deceased alive above, (I) (we) (did) (did	nati view the hor	dy ofter death.	Suic	dehet in (my) (our) opinion of	death accurred on the do	ote and hour and from the	couses s
Hem		226. SIGNATURE	1//	1		DEGREE	/	22¢ DATE	
<u>*</u>		(111			ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗍	
Z I	1	220. PHYSICIAN'S NAME (TVE	OR PONT)	145		22e. ADDRESS			
MPOR		ANTONIO	CALO	N MD		HAURE DE	GRACE !	Md. 21078	9
<u>x</u>		URIAL, CREMATION, REMOV	AL 236. DATE	23c. N	NAME OF CE	METERY OR CREMATORY	73d. LOCATION	/	
3		Burial	May			1 2 2 2 2 2	en Crownsv	ille Anne Ar	unde
100		INERAL DIRECTOR			270	001-3300 250. DAT		25 REGISTRAR'S SIGNAT	URE •
/82	Tar	ring Funeral	Home PA	333 SaPar	ke Abe	erdeenMD	AY 1 3 1983	Jo and. a	she

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9705 Belair Rd., Balto. Md. 21236

(VRA 15, 4)



STATE OF MARYLAND

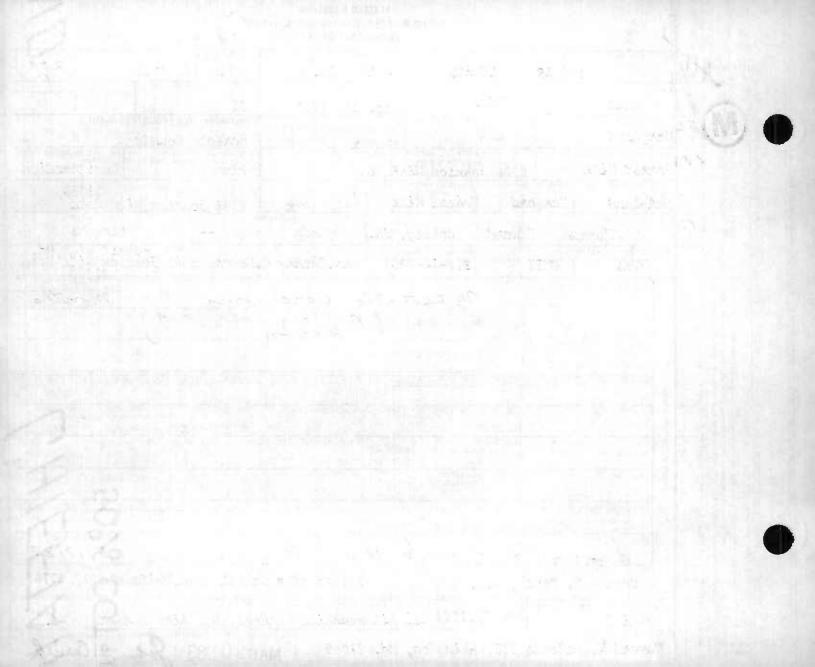
	3	FOR STATE REGISTRAR			DEPART			OF DEAT		IENE 3	S REG. NO.	1	3	5 3	3 2
1		CEASED NAME	FIRST		JARD	BOSLI	EY,	JR.		20. DATE OF E			DAY YEAR		OUR M
	3. SE)	Male		4 RACE White				1920	AR	6 AGE (IN YEA		YRS.	IF UNDER 1 YEA		DER 24 HRS.
5	Mas	RTHPLACE (STATE OR F		USA	WHAT COUNTRY?	WIDOWE	DV	DIVORCE	D 🔲		rd Co	unty			MD
7	For	rest Hill		2306 J	HOSPITAL, NURSIN HFACILITY, GIVE STREET THUSON M	ell Ro		R INSTITUTIO	NC	12a USUAL OF TYPE OF WORK I	CCUPATION FOR MOST OF W	J ORKING LIF	E) 126. KIND INDUSTR CONS	of BUS truc	tion
3	May	ryland	136 COUN Harf	VTY .	GIVE RESIDENCE BEFOR 13c. CITY OR TOW OREST HI	(N. 1	YES [-	Ø			on M	ill Ro	050 ad	
20)4 FA	Thoma	s	Edward	Bosley	1, Sr.	15. MO	Roda Roda	DEN NAA	AE -	WIDDLE		Flowe		
1		VAS DECEASED EVER	IN U.S. AR	MED FORCES? TWAR OR DATES)	218-14-7		Ws.	.Cher	ry C	.Mayer,	2306	John	rest H nson M	ill,	Md. Road
	NO	Conditions, if any, gave rise to imm cause (a), storin underlying cause	which nediate g the lost.	(b) DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO	ENCE OF	Pr NOT RE	Eurore LATED TO TH	HE TERM	INAL DISEASE	MO OR CONDIT	TION GIV	EN IN PART	110	- Arthur Marie (Marie Andrews
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	N WAS I	PERFORMED		200 AUTOF			S, WERE FINE YING CAUS	ES OF DE	
1	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE	21e. PLACE (M. MONTH D M.	19		CATION STREET	OCCURR	RED (ENTER NATI	URE OF INJURY I		PART : OR PART 2		STATE
,	,	22a. I certify that (I) saw the decease abave. (I) (we) (d) 22b. SIGNATURE	(this haspi		19) an	DEGREE		apinion o	death accurred MEDICAL DIRECTOR	STAFF	and hav	ir and fram t		1675
1		Samuel H	. Her			` (721			chool 1		Ihite	ford, N	1d. 2	1160
		BURIAL, CREMATION,	REMOVAL		1083			Y OR CREMA		23d. LOCAT	RTOWN		COUNTY		STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

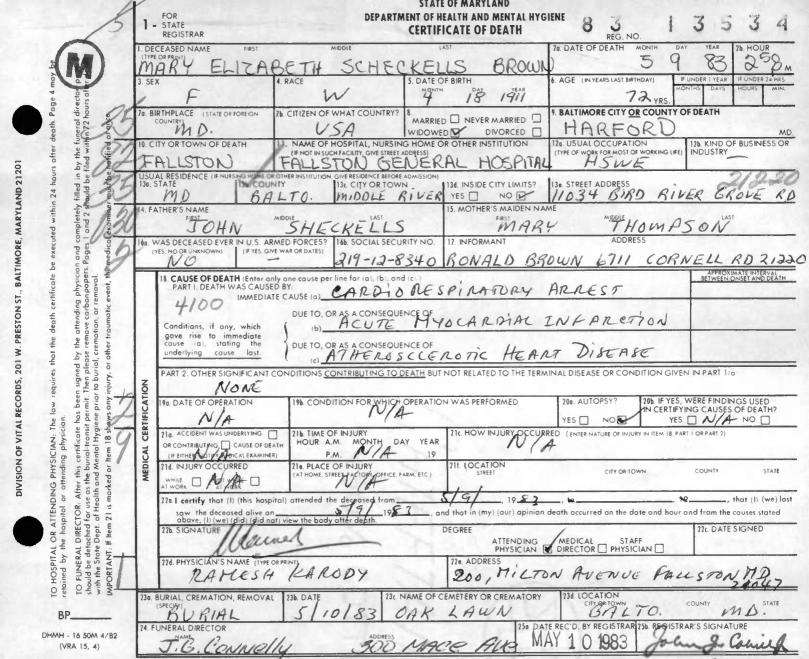
Burial
24. FUNERAL DIRECTOR

Howard K. McComas III, Abingatin, Md. 21009

20, 1983 Bel Air Memorial Gardens,



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4	1.	FOR STATE REGISTRAR			DEP		EALTH AND ME		NE 8 3	NO.	3 5	3 5
		CEASED NAME	FIRST		MIDDLE		AST	2	. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
-	1107		lelin	0	6	wrken) time		MAy 9	7. 19:	83	6:22AM
-	3. SE			4 RACE		5. DATE C		YEAR 6	AGE (IN YEARS AST	BIRTHDAY	IF UNDER 1 YEAR	R IF UNDER 24 HRS
A	F	emole		WHITE		JUNE	18,	1896	8	6 YRS.	MOINTIS DATS	MOOKS MIN.
1	学	RTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF		MARRIE	D NEVER MA	RRIED 🔲	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	10 C	MARYLAND ITY OR TOWN OF DEA	TH	USA 11 NAME OF		WIDOWE	D DIVO	RCED 12	HAP USUAL OCCUPA	tord	125 KIND /	MD. OF BUSINESS OR
6	. 1	ure de Ge	Ace.		CH FACILITY, GIVES		Haspi		TYPE OF WORK FOR MOST			
900	USU.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	LA L					
55	130.	MD	HARFO		13c. CITY OR ABERDE		13d. INSIDE CITY		 STREET ADDRESS 1804 N. PAR 		ORIVE	21001
n	14. FA	THER'S NAME					15 MOTHER'S M	AAIDEN NAME		N DEACH		
4		ROBIE		WIDDLE	PYLE		FIRS		MIDDLE			RCAUD
0 /		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	T	ADD	RESS		
med /		NO	(IF TES, GIV	E WAR OR DATES	217 54	9633	JESSE E.	BURKENTI	NE SAME	AS #13e		
es ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, gove rise to imr cause 101, statin underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA	nediate ig the last.		ONTRIBUTING	Meles TO DEATH BUT	NOT RELATED TO		20a AUTOPSY?	20b. IF YE	ES, WERE FIND I	INGS USED S OF DEATH?
18 shows	ERTI	71a. ACCIDENT WAS UND	DERLYING [216. TIME C	E IN IURY		1217 HOW IN IUI	RY OCCUPPED	YES NO X		ES CRANTA	NO 🗌
4		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH			occount	TENTER PARTURE OF IN.	ON HALLEN ID	CHALLOW CHALLS)	
/	MEDICAL	(IF EITHER, NOTIFY MEDI		P. 21e. PLACE		19	21f LOCATION					
	ME	WHILE NOT WE	ILE 🗍	(AT HOME, STI	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR 1	OWN	COUNTY	STATE
		22a.1 certify that (I)	(this haspit	tal) attended th	e deceosed fr	am	<u> </u>	19	, to		, 19,	, that (I) (we) lost
nem 2 15 morked		saw the decease above, (I) (we),(c	ed alive an	t) view the body	ter death.	19, or	d that in (my) (au	ur) opinion dec	oth occurred on the	dote and ha	ur and from the	causes stated
		27b. SIGNATURE	7	Le	e.	M	DEGREE ATTI	ENDING TO	MEDICAL STA	AFF ICIAN []	27t DATE	19hs
1		22d. PHYSICIAN 5	T T	Les	2.	1	770, ADDRESS	ma Mu	101 (6)	Said	Ad	633
₹-		JURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CRE	EMATORY	23d LOCATION	1000		7
		BURIAL		12MAY83		MT. ZION	CEMETERY		FOUNTAIN G	REEN.	HARFORO,	MD.
/82	24 FL	INERAL DIRECTOR			ADDR			250 DATER	EC'D. BY REGISTRA	R 256 5 G IS	TRAR'S SIGNA	TURE
	MIT	CHELL FUNERA	L HOME	, PA, HAV			21078	TANA.	Y 13 1083	10.6	mile a	racely

STATE OF MARYLAND

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	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 5	13537
	1. DI	CEASED NAME FRST	MIDDLE	LAST	REG. NO	O. MONTH DAY YEAR 2b. HOUR &
que de	{TYF	REV. William	n Calvi	n childers		5-30-83 7.30
1	3. SE		1. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	MHITE	MONTH DAY YEAR	86	YRS.
Ser.	7o. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF DEATH
15		ITY OR TOWN OF DEATH	U.S. A.	WIDOWED DIVORCED	HArfo	
2	F	allston Md.	(IF NOT IN SUCH FACILITY, GIVE	ursing home or other institution street address) eneral Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
be	USL	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		21014
到		11	rford Bel	TOWN 13d. INSIDE CITY LIMITS?	2104 Ruff	SMILL Road
aine.	14. F.	ATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA		1467
20	0	JAMES FRAN		Iders Ellem		ANDERSON
medicol			E WAR OR DATES)	SECURITY NO. 17. INFORMAN (SON) 7:	701 =	Land
0/		NO			Shilders Have	de Grace, Maryland 21018
ent, th	1	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D BY:	Spiratury Pailure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic ev		HOLD IMMEDIAT	E CAUSE (a) PO			a marabled
froumat		Conditions, if any, which	DUE TO, OR AS A CON	SEOUENCE OF CVA. ASC	VD.	2 months
er tro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
rother		underlying cause lost	(c)	SEGUENCE OF		
lury, a	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
any inju	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
or Hem 18 shows	F				YES TI NOW	IN CERTIFYING CAUSES OF DEATH?
	W W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	21c. HOW INJURY OCCUI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
Hem	₹ N	OR CONTRIBUTING CAUSE OF DEA		19		
1	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
		AT WORK NOT WHILE		1201	0 2	0 63
no monte en		22a.1 certify that (1) (this hospit saw the deceased alive an.	tal) attended the deceased	rom 19 8 3 and that in (my) (our) opinion	, to	19 8 , that (I) (we) last
m 21		obove, (I) (we) (did) (did not		. 17, and man in (my) (our) opinion	death occurred on the do	ate and hour and from the couses stated
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3 ₹	23a.	BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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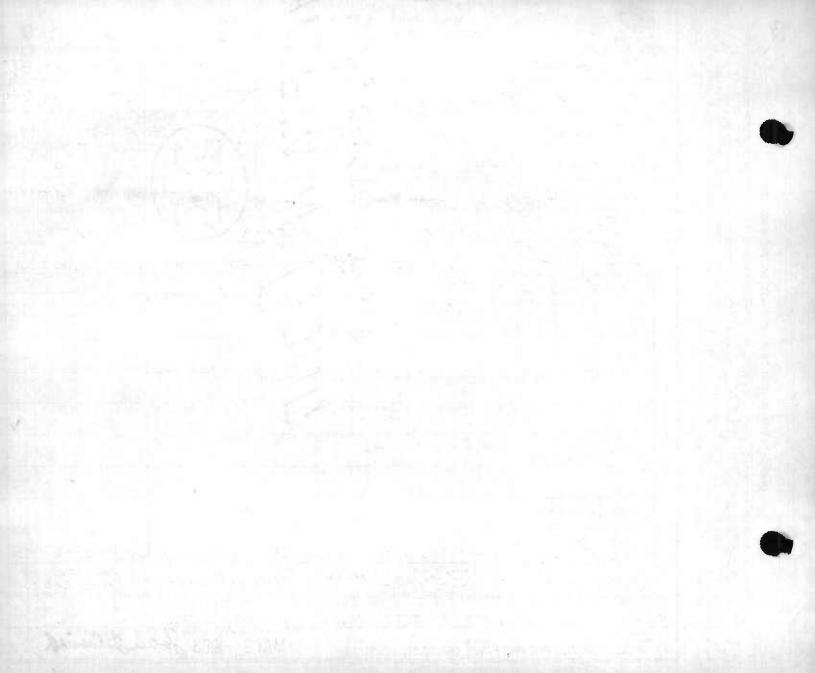
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1	FOR	DEPAR	STATE OF MARTLAND RTMENT OF HEALTH AND MENTAL HYG	GIENE en eu	7 C A 1
. 0	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 S REG. NO.	3 3 4 1
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	EIIA	May	beridson	5	1 83 7/t DM
(M)	3. SEX	4 RACE	S. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS
	FEMALE	White	2 / /3	70 yrs.	Jan
2 000 2	70. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 1 20	Maryland	U.S.A.	WIDOWED A DIVORCED	Harford Count	
1 11 10	10. CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STR 	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
201 rs of filled filled filled	Fallston	* Fallston G	anaraL	Netered Clerk	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours redending physician and completely filled in by os the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by os the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by ost the burial-transition, or removal. Outed or them 18 shows any injury, or other traumatic event, the medical examiner must be not account of the property of the page.	USUAL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEF		ISE. STREET ADDRESS	vood, MD.21040
LAND 34 hinn 24 h filled should should	14 FATHER'S NAME	artond 2 dal	YES NO X	1911 Ch, DDE	N Or
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ATTEND ospital oscillaria	sow the deceased alive an above, (I) (we) (did) did no	t) view the hady after death	ond that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
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Of She She	23a BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial	5/5/83	Oak Lawn Cemetery	Baltimore,	Maryland
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	ADDRES		TE REC'D. BY REGISTRAR 25H REGISTR	PAR'S SON CORRELLA
(VRA 15, 4)	Leonard J. Ruck,	Inc., Baltimo	re, Maryland MA	11 7 1300	

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you and	3. SE	X	4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS) ST	BIRTHDAY) IF		UNDER 24 HRS
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The house of spiens of spi	E						YES NO	YES	Lad .	40 🗆
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STATE OF MARYLAND

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	STATE OF MARYLAND
4	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	REGISTRAR CERTIFICATE OF DEATH
″ m €	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
oy be	Beatrice V Juff May 28 1983 V-4-P
OE OF	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTY DAY) IF UNDER 1 YEAR IF UNDER 24 FIRST MONTHS DAYS MOURS MINE
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201	Havke de Grace Harford Memorial Hospital Homemaker Home
hour hour	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 132. INSIDE CITY LIMITS? 138. STREET ADDRESS 2 100
MARYLAND red within 24 ond 2 should axomine	Maryland Harford Aberdeen YES & NO D 601 Cornell Street
MARYLA ed within mpletely ond 2 sh	14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
MA hed	James Morris Lilly Moulsdale
BALTIMORE, cote be execut ysicion and co ppers. Poges I vol.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21,001
be e	No 216-46-3590 Verna Lee James, 613 Walker St. Aberdeen, Mc
ficote physicie movol.	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b) fund (c), PART I. DEATH WAS CAUSED BY:
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	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY ORTOWN COUNTY STATE
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(VRA 15, 4)	Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399 UN Z 1905

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signed by the attending physician hen please remove corbon papers.

IMPORTANT: If them 21 is morked ar them 18 shows ony injury, or other traumotic event, th should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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THER'S NAME FIRST Robert	MIDDLE F. 4. RACE White 7b. CITIZEN OF WHAT COUNT U. S. A. 11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GRE ST FALLSTON GEN OTHER ISSULTAN GIVE RESIDENCE BI STY TALL TYPOR LAST AMOSE LAST AMOSE	Du 5. DATE C APTI WARRIE WIDOWE RESING HOME C REET ADDRESS) CTAIL HO CFORE ADMISSION) OWN	1 19, 1917 D NEVER MARRIED DID DIVORCED DISTORTER INSTITUTION	6. AGE (INYEARS LAST BIRTHDAY) 66 9. BALTIMORE CITY OR COU Harford Cou 12a. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORK) Nurse — Nur	I,1983 IF UNDER 1 YEAR MONTHS DAYS RS. INTY OF DEATH INTY IZB. KIND INDUSTRY SING HEL HOME	MD.
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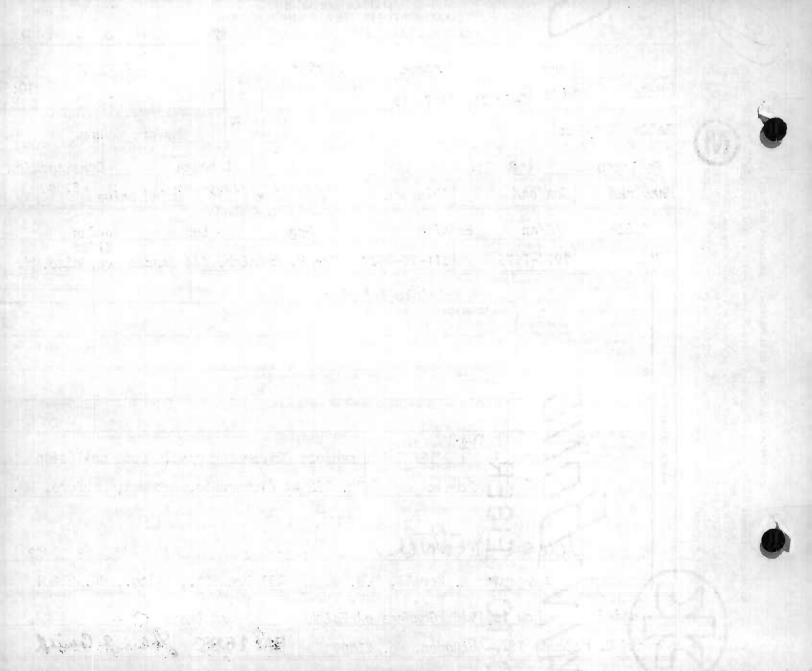
TO FUNERAL DIRECTOR: After this certificate hos been

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Duda-Ruck Funeral Home, Inc. 7922 Wise Ave.

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# 11	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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PECTO FEDI FEDI STREET	3.58	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY	YEAR 2d HOUR
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		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .,	
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU A FITO FUNEALL BAFTER DEATH, BAFTMORE, M		EXAMINER'S NAME CULS E RENJEL ADDRESS 46 Y alliance Styles	pe d
	23e. B	BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF FOWN	STATE
BP	24 F	Burial 5/21/1983 Bel Air Mem. Garder Bel Air Harford	
DHMH - 17 (VR A15 ME (5))	N	M. Gladden Kurtz Jarrettsville, Md. MAY 24 1983 7.	
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STATE OF MARYLAND FOR STATE REGISTRAR

Howard K. McComas III, Abingdon, Md. 21009

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		CEASED NAME	FIRST	^	VIDDLE		LAST	12721	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR	
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	3. SEX	(4 RACE		5. DATE (6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HE	RS
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7	léa ∨	AS DECEASED EVER				SECURITY NO.	17 INFOR			ADDRESSRO	2 Air, Ma	1 2101	1
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	7	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	NTRIBUTIN	G TO DEATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEASE OF	CONDITION	SIVEN IN PART 1	a ·	
_	CERTIFICATION		70/30										
1	V	19a DATE OF OPERA	TION	196 CONDI	TION FOR W	VHICH OPERATIO	N WAS PER	FORMED	200 AUTOPS		YES, WERE FIND II		
7	E								YES T NO		YES T	NO	
1	ER	21a. ACCIDENT WAS UNE	DERLYING	216. TIME O	FINJURY		21c. HOW	INJURY OCCURR					_
1		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	H DAY YEAR							
	O.	(IF EITHER, NOTIFY MEDIC		P./		19		T/m.1					
	MEDICAL	21d INJURY OCCURE		21e PLACE (OFFICE, FARM, ETC.)	211 LOCA STREE	TION	CIT	ORTOWN	COUNTY	STATE	
	~	AT WORK NOT WE	ORK										
4.	97	220.1 certify that (I)	(this haspit	al) attended the	deceased	fram		. 19	, to		_, 19,	that (I) (we) I	ast
		saw the decease above, (1) (we) (c	ed alive an		17	_19, a	nd that in (m	y) (aur) apinian d	death accurred as	the date and h	our and from the	causes stated	
		22b. SIGNATURE	did) (did na	1) view the bady	atrér death.		DEGREE		-		De DATE	SIGNED	-
1		1/14	uus	C /	XILL	line	DEGREE	ATTENDING PHYSICIAN IN	MEDICAL DIRECTOR D	STAFF	1 5-2	4-83	
1		221. PHYSICIAN'S NA	AME (TYPE OF	PRINT	1	- W F1	22e. ADDR	190	DI DIECTOR LA	The state of the s	110	1	_
		ruandi	15 6	rumb	Ihl		6	101 N.	Char.	les ST	7		
	230. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATIC		COUNTY	STATE	
	(5	Burial		May 26.	1983	Morelan	d Mom	Park	Balt	imaro		Md.	
				ITHAIA / ()	1703	1	00 1.1 Cull 9	, 00 010	2000			, , , , ,	

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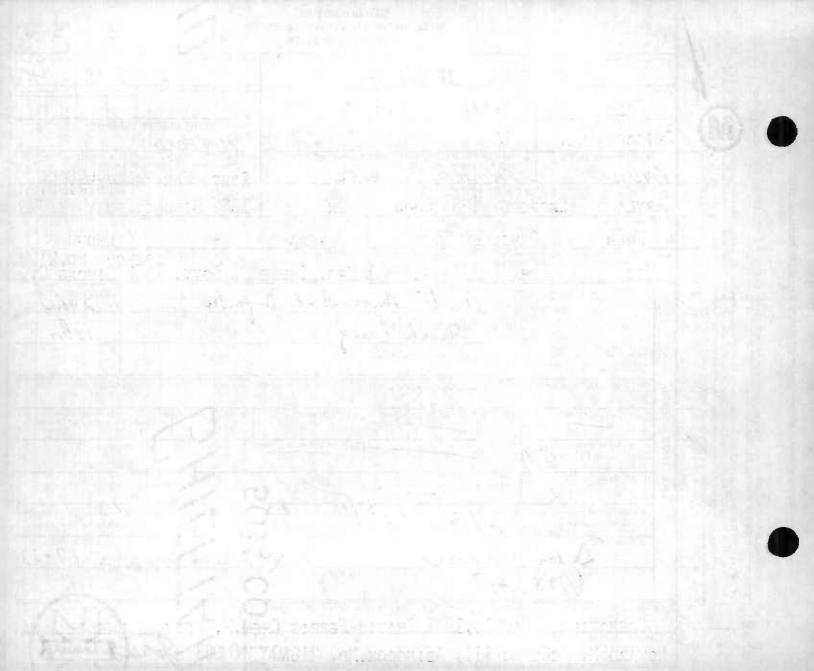
TO FUNERAL DIRECTOR: After this certificate has been signed by their should be detached for use as the burial-transit permit. Then please term with the State Dept of Health and Mental Hygiene prior to burial, cremin IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar ath

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		1. DECEASED NAME	FIRST	MIDDLE	- "	ST _	20	DATE OF DEATH M	ONTH DAY	YEAR	26. HOUR4
y be	page 3	Ü	Aude Fra	NKlin 1	PAZ	ier	/	MAY 24	198.	3	3-AM
	1.5	3. SEX	4. RACE		5. DATE O		6.	AGE (IN EARS LAST BIRTH	DAY) IF U		HOURS MIN.
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deoth. Po		D. BIRTHPLACE (STATE OF COUNTRY) VIRGINIA	USA		MARRIED		ED .	HALTORG	1	10.0	MD.
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	2 sho	M. FATHER'S NAME	1		GHIOL	15. MOTHER'S MA	_		JINEET		
70	l ond	WILLIAM	MIDDLE F.	FRAZIER		EMMA		WIDDLE		LAST DO	OWELL
	0 - / -	160 WAS DECEASED EVE	R IN U.S. ARMED FORCE		URITY NO.	17 INFORMANT		ADDRES	S		
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the s	by the see ren crem other	couse (a), sto	ting the DUETO	O, OR AS A CONSEQU	JENCE OF						
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5 3		190. DATE OF OPER	RATION 196. CO	ND TION FOR WHICH	H OPERATION	WAS PERFORME		I P PROTEIN	206. IF YES, W	ERE MINIDING	Photomes
ne lo	o de la	DI I		_	_			YES NO K	IN CERTIFYIN	G CAUSES C	NO -
Z. Z.	Aygi Hygi	21a. ACCIDENT WAS I		AE OF INJURY	DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
D A D	buriol-transil Mentol Hygi or Item 18 sh	OR CONTRIBUTING	CAUSE OF DESIGN	P.M.	19		_				
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5 5	fter th os the th ond orked		WHILE WORK			/	~ ~	12		06	
N -	DR: A USe Heol	220.1 certify that	(I) (this hospital) attende	the deceased from	83	//B	83	, to 5/24	. 19		not (I) (we) last
ATTE	d for	30 M 1110 0000	(did) (did not) view the b		, 011		opinion deo	th occurred on the dot	e ond hour on	22c. DATE 5	1
A e o	detache ate Dep	THE STORY SHORT	And	400	1	DEGREE ATTEN	IDING A	MEDICAL STAFF		120. 02.16.5	211/9:
off Al	ERAL State	224 PHYSICIAN'S	NAME (TIME DE PRINT)	(Allen	m	220 ADDRESS	ICIAN A D	RECTOR PHYSICI	AN	3/	24/00
TO HOSP	Should be detained the State Dimensional State D	EDW	ARD CO	L00,	MD.	HAURE	DE	GRACE,	Md	.210	78.
5 5	<u>-</u> + 3 ≥	23a. BURIAL, CREMATIO	N, REMOVAL 236. DATE	Ε 23 ε.	NAME OF C	METERY OR CREM	ATORY	23d. LOCATION	C	OUNTY	STATE
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	16 50M 4/82	24 FUNERAL DIRECTOR		ADDRESS			25 MAY	2 7 1983	PEGISTRA	S. Chill	與人
(VRA	A 15, 4)	MITCHELL FUNE	RAL HOME PA, H	AVRE DE GRACI	E, MD 21	078	1,1,1,1				

Charle Termitalis areason flag at 1913 3th Hours de Coince Huckerd Thom Hospital

/	,	FOR		DEPARTA		OF MARYLA		ENE O			2 .:	5 (1
14		STATE REGISTRAR CEASED NAME FIRST		IDDLE		CATE OF DI	EATH	RE 20. DATE OF DEA	G. NO.	H DAY	YEAR	J (
1		OR PRINT)	ACLES	/MORR]	-	OTT		20. DATE OF DEA	5	- 17	1 83	3 45
"	3. SE.		4. RACE		5. DATE C	0.4	WF 4.0	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HR
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35	MA	RYLAND HAR	FORD	EDGEWOO	N I	13d. INSIDE CIT YES X	Y LIMITS?	1866 S		עייייי	ISTR URT	21040
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		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per li	level and	Mezi	radi	12	farteri				MATE INTERVAL DINSET AND DEATH Y W
		Conditions, if any, which gove rise to immediate	(b)	Swin	-li	ug		V			12	hs
		couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)	AS A CONSEQUE		NOT RELATED	O THE TERMI	NAL DISEASE OR	CONDITIO	N GIVEN I	N PART 110	
7	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH				20a AUTOPSY?	20b.	IF YES, WE	RE FINDIN	IGS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	2)c. HOW INJ	URY OCCURRE	YES NO	A	YES EM 18 PART I	OR PART 2)	NO []
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O			211 LOCATION	N	CITA	OR TOWN		COUNTY	STATE
ZI is mork		220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no		16 19	83. on	d that in (my) (ur) opinion d	eoth occurred on t	he date or	, 19		that (I) (we) lo
		226. SIGNATURE Dean	4 ()as	24/	ľ	DEGREE AT	TENDING HYSICIAL []	MEDICAL DIRECTOR PH	STAFF HYSICIAN		22c. DATE	SIGNED
7		22d. PHYSICIAN'S NAME, CLYPE	SAR			22e ADDRESS						
	23a. E	URIAL, CREMATION, REMOVAL				EMETERY OR C		23d LOCATION	WN		UNTY	STATE
-		UREMATION JINERAL DIRECTOR	May 18	,1983 (RATI	N-FERR	IS CR		ESTE	R EGISTRAR	HEST	ER P



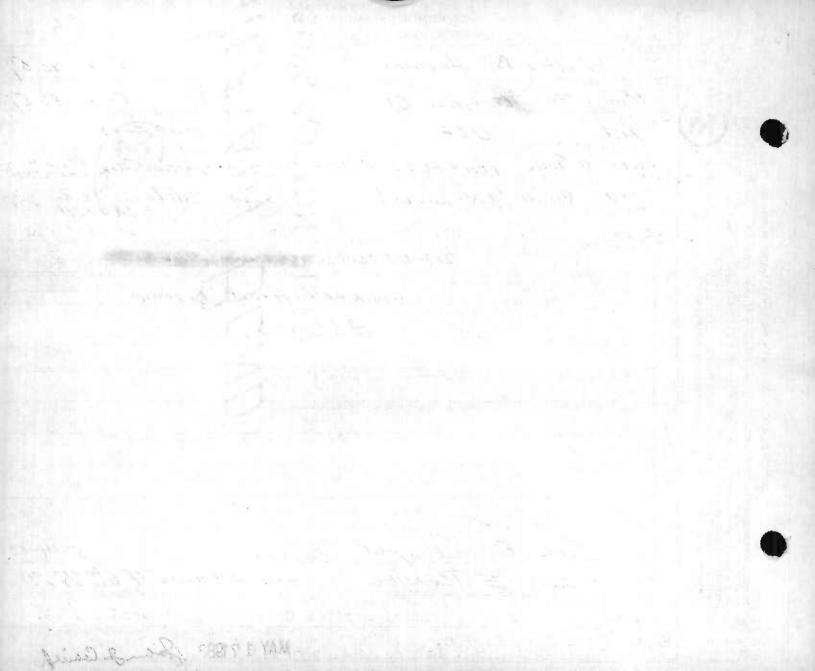
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH J REGISTRAR 20. DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-22 James Harris 19 83 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. DATE MONTH 63 VDC 19 PRONOUNCED B YRS MARRIED NEVER MARRIED 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH rentucky USA DIVORCED Harford County O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS THE STATE OF LIFE Havre de Grace Md. Harford 13d. INSIDE CITY LIMITS? 519 Girard 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Emma Simmons John Harris 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION (IF YES, GIVE WAR OR DATES! yes Ellerie Frisby 107 George Ct. HAvreDeGrace 280-18-9471 Discharge n. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, VATION, OR REMOVAL. IMMEDIATE CAUSE (o) Stab wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -F HEALTH AND MEN AL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION **USED AS** 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR, TO BURIAL, YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING 12:04m 5-22-CONTRIBUTING CAUSE OF DEATH 19 83 Subject stabbed 2) e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 AT WORK NOT WHILE 662 Franklin St. Havre de Grace. Harford. AT WORK house 228. I certify that I took charge of the remains described above, held on Inspection Homicide X deoth resulted h Suicide Undetermined monner TITLE (SPECIFY) 5-23-83 Assistant EXAMINER'S NAME Dennis F. Smyth. M.D. ADDRESS 111 Penn St., Balto., (TYPE OR PRINT) 23d. LOCATION 230, BURIAL, CREMATION, REMOVAL 23b. DATE Md. 5/28/83 Burial Darlington Berkley Cemetery Harford BP 24 FUNERAL DIRECTOR **DHMH - 17** rnoTd Beard 353 Fountain St. HavreDeGrace .Md. (VR A15 ME (5))

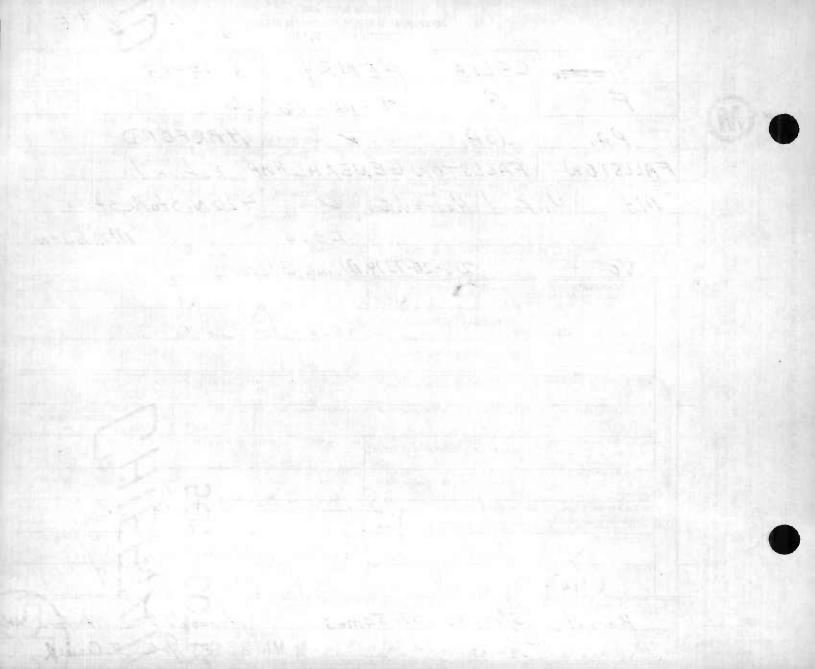
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED G LYRS DEAD TO BIRTHPLACE (STATE OR MARRIED ANEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 13e. STREET ADDRE 13d. INSIDE CITY LIMITS? NO M FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Hatfield Della. George В. Harrison 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16h SOCIAL SECURITY NO ADDRESS YES, NO, OR UNKNOWN) WWII rrison same as 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) V 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURI YES [] NO [BE ARTMENT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 214. INJURY OCCURRED II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined manner BALTIMORE, (TYPE OR PRINT) 730. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFY) Lisbon, Howard Co. Md. 5/18/83 Poplar Springs Cem. Burial BP. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 750 DATE REC'D. BY REGISTRAR FUNERAL HOME PORTING. Laurel **DHMH-17** (VR A15 ME (5)) 15M2/80



	1.	FOR STATE	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 3	0-03-48 4
by be oge 3 deoth		REGISTRAR CEASED NAME FIRST OR PRINT;	CELIA	HENRY	REG. NO 20 DATE OF DEATH A 5-14-	AONTH DAY YEAR 26 HOUR 3 A M
	3. SE	F	4. RACE B	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	MARF	ORD MD.
urs offi	F	ALLSTON	FALLS TON	GENERALH	Type of work for Most of	WORKING LIFT INDUSTRY
rLAND 21 hin 24 ho should be should be	13a. S			10 -1 -	13. STREET ADDRESS 420 N. 5	toke 5+21078
tE, MARY	/	FIRST VAS DECEASED EVER IN U.S. AI	MIDDLE LAST RMED FORCES? 166, SOCIAL SEC	LENA	MIDDLE	Milburn
ALTIMORE te be execution and c ers. Pages, il. the medica	(NO	75		lover	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician and completely filled in by os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fill the and Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical exonaines must be in orked or them 18 shows any injury, or other traumatic event, the medical exonaines must be in the correct or the control or the contr		PART I. DEATH WAS CAUS		JENCE OF reval	andre	BEI WEEN ONSET AND DEATH
L RECORDS, 20 te low requires no. hos been signed permit. Then pl men prior to buri	CERTIFICATION	PART 2 OTHER SIGNIFICANT		D <u>DEATH</u> BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	RMINAL DISEASE OR COND 200 AUTOPSY? YES □ NO□	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SION OF VITAL PHYSICIAN: The ending physicion this certificate he e buriol-tronsit and Mental Hygies dor frem 18 show	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19 21f. LOCATION	JRRED (ENTER NATURE OF INJURY	
TTEND pital optial of truse of Heal	4	sow the deceased aliverar	pital) attended the deseased from	ond Mat in (my) (our) opinio	3, to	te and hour and from the cayses stated
by the ERAL DI Store De Store De Store De ANT; # #		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	or Print	PHYSICIAN 122. ADDRESS	MEDICAL STAFF	
TO HOSPIT retained by TO FUNER should be with the Site		CINOS BURIAL, CREMATION, REMOVAI	1 23b. DAJE 1 23c.	NAME OF CEMETERY OR CREMATORY	Man 123d LOCATION	8 /
BP		Burial UNBRAL DIRECTOR	5/18/83 5	ST. James	Haure de	Grace Harford M
DHMH - 16 50M 4/82	24	NAME DIRECTOR	ADDRESS		AY 2 7 1002	AL O C



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH S REGISTRAR DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED HENR IKSEN XX5-16-83 19 TTIWILLIAM R 2d. HOUR 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 9:20F 5-19-83 19 1943 DEAD Male White 20 39 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Tllinois Harford County U.S.A. 00 DIVORCED KED "FENDING" IN PENCIL IN ITEM 18. CHE PAGES 1, 2, AND 3 TO THE FULLEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. CHEF DASD AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. REMAL, CREMATION, OR REMOVAL. WIDOWED IB. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Fireman Fire Tech Old Church Drive Joppatown IDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a. STATE 1136 COUNTY 13c CITY OR TOWN Harford NO GK 122 Old Church Dr. (21085) Md. Joppa 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST William Henriksen Margaret R. Stoneman 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 143-34-2589 William R. Henriksen (same as 13e No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YESXIX NO [EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOHR A.M. MONTH YEAR UNDERLYING XX OR subject found hanging from door CONTRIBUTING CAUSE OF DEATH P.M. 19 71 LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME. STREET, FACTORY, FARM ETC.) AT WORK 122 Old Church Drive Joppatown. home Maryland Autopsy XX 220 I certify that I taak charge of the remains described above, held an and in my apinion Undetermined manner Natural causes TITLE (SPECIFY) SIGNED_5-20-83 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Margarita A Korell 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE Burial 5/23/83 Bethel Methodist Cem. Lewes Sussex Del BP 250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto., Md. 21225 **DHMH - 17** NAME 4001 Ritchie Hgy (VR A15 ME (5) George 20M 4/B2

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one 4 may be tor, page 3 offer death		3. SE	FEMALE	4 RACE WH	ITE	HOOPEK DATE OF BIRTH MONTH DAY 11 - 23 - 6	YEAR 6.	AGE (IN YEARS LAST BIRTH	YRS.	
T (M	35	(RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland TY OR TOWN OF DEATH	U.S.	A. V	HOME OR OTHER INSTIT	RRIED DRCED 12	usual OCCUPATIO	R FOR	MD. OF BUSINESS OR
ND 21201 24 hours of illed in by tould be filed	Se notif	130. 5	ALRESIDENCE (IF NURSING HOME OF TATE COUNTY)	FAILS 7	TON G	ENERAL MISSION)		Manager 2240 Rock	2105	ndromat
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill	lexominer 20	14. FA	THER'S NAME FIRST Ernest VAS DECEASED EVER IN U.S. AI	WIDDLE	henowi	th Mir	MAIDEN NAME	WIDDLE	Bleck	e n staf
SALTIMORI ofe be exec	t, the medical		18 CAUSE OF DEATH (Enter o	nly one couse per line f	14-22-	0159 Betsy	Brock		s # 13	OXIMATE INTERVAL EN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certific ratherding physicion. Viter this certificate has been signed by the attending physics state that the principle of the physician of the buriot-transit permit. Then please remove carbon possible buriot-transit permit.	or to burlo), cremotion, or remo	ION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI	CONSEQUENTED	CE OF ATH BUT NOT RELATED TO	grange			
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TO HOSPITA etoined by TO FUNERA should be de	MIN THE STORY		LAZA		Ahn	220. ADDRESS	1131	BUA	FO BULA	~ 1 MD
BP			SURIAL, CREMATION, REMOVA	5/10/8	3 Be	ME OF CEMETERY OR CR	Gar.	Bel Air	Harford	Maryland
DHMH - 16 50M	4/82	24 FI	INERAL DIRECTOR E.	parnes		Rengom Md	250. DATE R	EC'D. BY REGISTRAT	REGISTRAR'S SICN	ATURE

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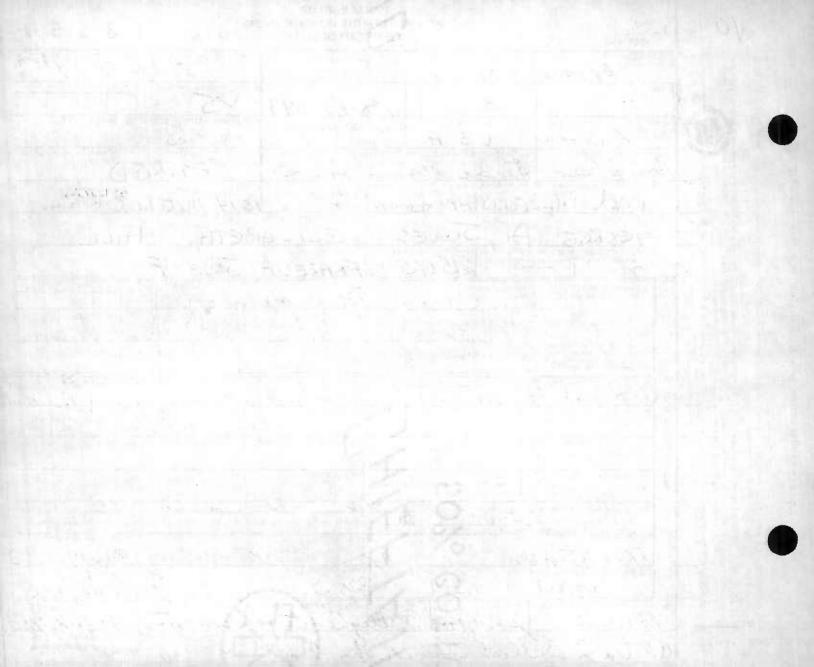
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4 moy b or, page of deo	3. SE	h /	1. RACE		OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
A A 7	Ja 8	RTHPLACE (STATE OR FOREIGN	White 76. CITIZEN OF WHAT	COUNTRY? 8	06 40	9. BALTIMORE CITY/OR	YRS. COUNTY OF DEATH	
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AL OR ATTI the hospit al DIRECTO reforched for ite Dept. of f: If them 21		obove, (I) (we) (did) (did	not) walk the body after of	V-NAIM	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	
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s offer	В	el Air		11. NAME OF HOSPITAL, NURSING HOME OR OTHE			R OTHER INSTITUTION	120 USU	work for most on nister	ON F WORKING LIF	12b. KINI INDUST	D OF BUSIN RY	IESS OR
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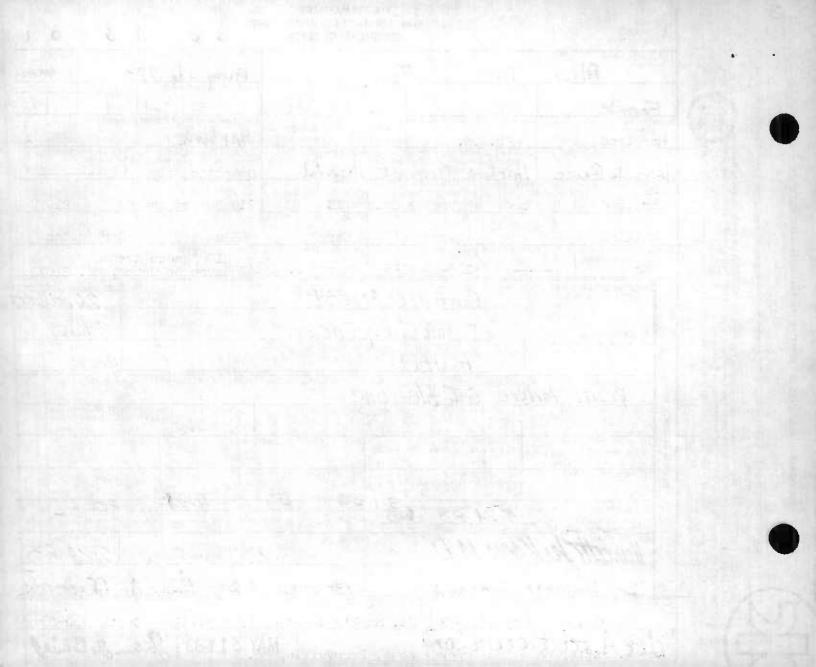
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10	1.	STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	REG. NO.	1 3 5 5 9
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oge 4 mp.	3. SE	×	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS	
decth. Pe		COUNTRY) Delaware	76 CITIZEN OF WHAT COUNTRY?	MARRIÉD NEVER MARRIED UNIONED DIVORCED	9. BALTIMORE CITY OR COUN HARFORD 126. USUAL OCCUPATION	MD.
urs offer h by the filed	HA	ITY OR TOWN OF DEATH	MENOT IN SUCH FACILITY, GIVE STREET, AREA OF HOSPITAL, NURSIN MENOT IN SUCH FACILITY, GIVE STREET, OTHER INSTITUTION, GIVE RESIDENCE BEFORE	TORIAL HOSPITAL	(TYPE OF WORTH DE MOST DE WORTHNO	12b. KIND OF BUSINESS OR
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HOSPITAL OF and by the I by the I by the I bit by the State De ORTANT: If it		226. PHYSIC IAN'S NAME GIVERO	OR PRINT)	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	May 27, 1983
TO HOSPITAL retained by 1 TO FUNERAL should be der with the Start IMPORTANT:	230	BURIAL CREMATION, REMOVAL	W. KIM	308 8. Un	102 AVE H	War de Grace
BP		Surial HNERAL DIRECTOR	June 1, 1983/3	arkley Cemetery	Carlington	Harfud Md
DHMH - 16 50M 4/B2 (VRA 15, 4)	9	telia & Br	ellek, Harre	de There Mili	IN 13 1983	and which



1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 3 5 6 0			
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	Male IRTHPLACE (STATE OR FOREIGN	White 76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
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00 Ho USU 130.	LYRE SE Grace	Hay for J Mem	orial Hospital	Truck Driver	Transfer Co.
	Md. Cec	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW	YES NOT	130 STREET ADDRESS 119 Dakwood Rd.	2/9/8
14. F.	ATHER'S NAME FIRST Clarence	MIDDLE LAST JONES	15. MOTHER'S MAIDEN NA	MIDDLE	Elliott
16a.	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 168-24-51		Jones (Wife) Sa	ame address
vent, the		nly one couse per line for (a), (b), one ED BY:	ton Faile		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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iar ta buria y injury, ar	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				
E / S	1/8-3	Brain Tur	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
-/ //	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART 1 OR PART 2)
5 8	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STATE
21 is marked	22a.1 certify that (I) (this hospital) attended the deceased from 4 , 19 83, to 5 22 , 19 83, that (I) (we) lost saw the deceased alive an 19 83, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated				
E	above. (1) (we) (did) (did not) yiew the body ofter death. 27b. SIGN 1886 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA				221. DATE SIGNED
3 ±	(Novela	-Mymm	PHYSICIAN (A DIKECTOR PHISICIAN	3/27/02
± :: Z - /-	224 PHYSICIAN SM RME (TYPE	ORPRINT) Douglas Ab	// // 220. ADDRESS	nion Ave Ha	re de Crose
With the Stote D IMPORTANT: #	BURIAL, CREMATION, REMOVAL (SPECER) BURIAL	Douglas Ab.	220. ADDRESS 6/5 S. W. NAME OF CEMETERY OR CREMATORY	/	vre de Crace

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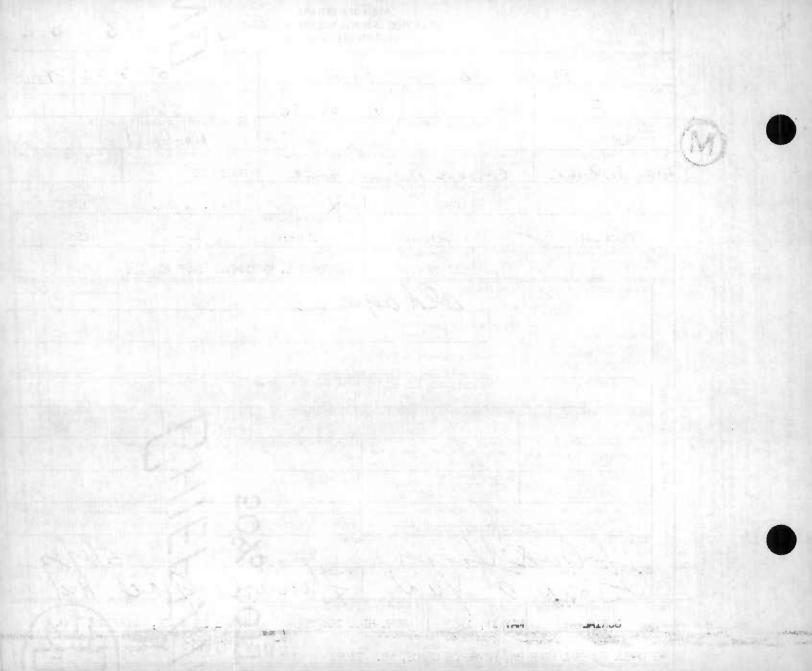
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(VRA 15, 4)

STATE OF MARYLAND

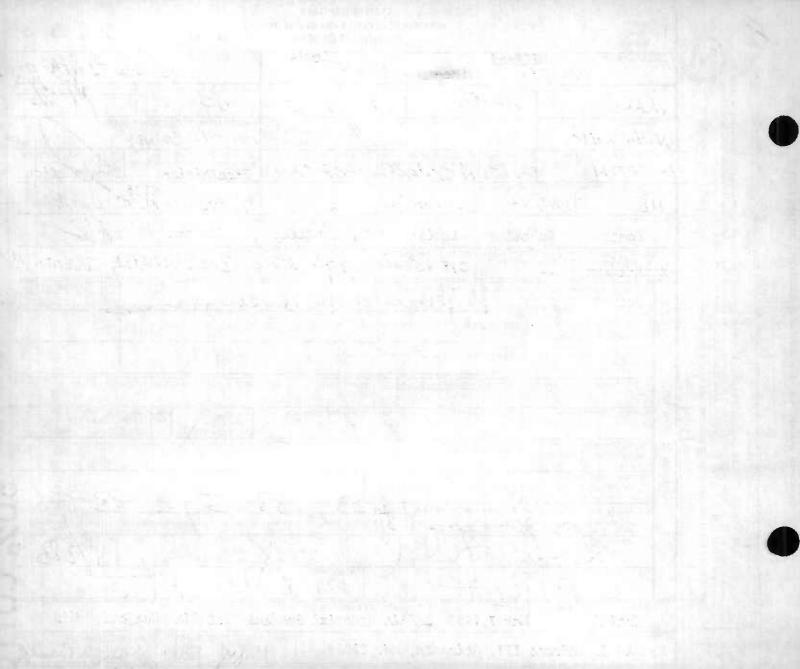
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



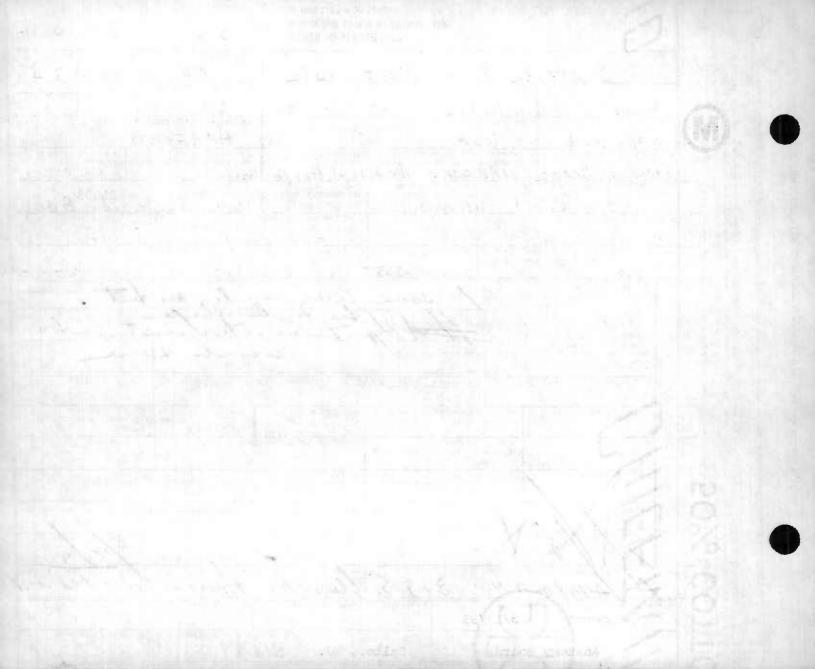
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Brian Thomas McCardell 5/24/839 4. RACE A AGE LINYEARS IF LINDER 1 YR IF UNDER 24 HRS DATE 6:38 PRONOUNCED Oct. 18 1961 5/24/8319 Male White 76. CITIZEN OF WHAT COUNTRY? E METHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DILIGN COUNTRY U.S.A. Md. DIVORCED Harford County 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Havre DeGrace Pipe Welder Harford Memorial Hospital Bechtel Pow XXX 1066 Liberty Grove Rd. 13d. INSIDE CITY LIMITS? Md, .. Cecil Conowingo NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Dorothy Melvin McCardell McGlothlin 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (Father) Melvin R. McCardellJr. Same as above 218-72-0137 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [X] NO | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING 5.20PM 5/24/8319 CONTRIBUTING CAUSE OF DEATH driver of auto/fixed object collision 21e PLACE OF INJURY (ATHOME U.S. RERT. #1 1/10 minles North Connelly Rd. AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE 05 BALTIMORE, MARYA, ND, 21201 P STREET, FACTORY FARM, ETC.) roadway Conowingo, Md., Cecil County Autapsy X 22a I certify that I took charge of the remains described above, held an and in my apinion death resulted frame Natural causes Suicide Undetermined manner 5/25/83 MM.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Conowingo May 28, 1983 Harmony Chapel Cem. Cecil Md. 25a. DATE REC'D. BY REGISTRAR 125b REGISTRAR'S SIGNATURE ADDRESS Rising Sun, Md. (VR A15 ME (5))

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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTS ian Atherine 3 SEX 4 RACE DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 23 HR MONTH YEAR Female White Aun. 26 1910 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Cecil Co. Md. WIDOWEDXX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House wife Ret. Own Home Memoria USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITH COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Cecil Conowingo 495 Conowingo Ro NO IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Walter Alexander Emma Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Doris Ragan Same as above(Daughter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per life for a), (b). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN Conditions, if ony, which gove rise to immediate couse (o), stoting the DUETO, OR AS A CONSEQUENCE underlying FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Me 21d. INJURY OCCURRED 21a. PLACE OF INJURY 21f. LOCATION CUTY CH. NO. COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) The I certify what (I (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the course stated above, I was said did not) view the body ofter death. 22h SIGNAPORE DEGREE WE BATE SIBNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAM'S NAME (TYPE OR PRINTY 22e ADDRESS d b ATTRE OF TRAVE 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial Cecil Md. Conowingo Baptist Cem. Conowingo 5-31-1983 24 FUNERAL DIRECTOR 250 PATEIRES'D. BY PEGISTRAR SA REGISTRAR'S SIGNATURE! DHMH - 16 50M 4/B2 (VRA 15, 4)

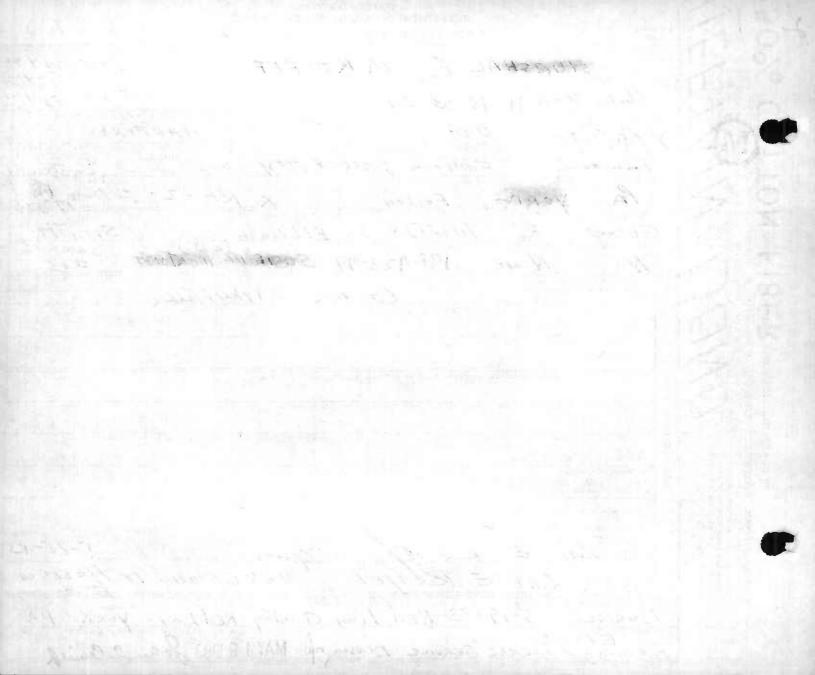
STATE OF MARYLAND

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4	3 SE	X .	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER 24 HRS
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		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8 MARRI	NEVER MARRIED	1 1 1	OR COUNTY OF DEATH	
67		ew Jersev	USA	WIDOW	ED DNORCED	HARF		MD.
. ,	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT		BUSINESS OR
06	HA	VRe de DRACE	HARFORD	Memor	A Hospital	Homemaker	Home	
15 8	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENT	CE BEFORE ADMISSION	\$134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
5	M	arvland Harf	ord Aber	deen	YES NO	60 Paradis	e Road 2100	0
ń	14. F/	ATHER'S NAME FIRST	MIDDLE L	AST	15. MOTHER'S MAIDEN NA	AME	LAST	
21	H	enry		t Penn	Madaline		Maver	
1	160 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRI	ESS	003
1	N			26-9040	R.Raymond Mi	itchell.60 P	Maryland 21 Paradise Rd. A	berdeen
		18 CAUSE OF DEATH (Enter or	nly one couse per line lo		0		APPROXIMA BETWEEN ON	SET AND DEATH
	-	PART I. DEATH WAS CAUSE	TE CAUSE (b)	peardia	1 import	Vin	1/2	ler
		4100	DUE TO, OR AS A CON	NISEOUENICE OF			-0.12	
	-0.7	Conditions, if ony, which	(b)	43EOOENCE OF				
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	ISEQUENCE OF				
		underlying couse lost.	DOE TO, OK AS A COT	NSECOENCE OF				
	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 115	
	CERTIFICATION	Ourse	un lu	ng all	seary	I an and and and	Tan 15 Mes Mess spice and	
8	2	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
1	1 2				Tax diameters are	YES NO		NO 🗌
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19				
	AB AB	21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OF TO	OWN COUNTY	STATE
	1	AT WORK AT WORK						
		220.1 certify that (1) (thu heep	Person /		-2 19 83	3 , to <u>5 - 6</u>		ot (Il-(we) lost
		sow the deceased alive on above, (1) (www) (did) (did no	5-6 ▶ view the body ofter death	19_13, 0	nd that in (my) (aur) apinior	n death accurred on the d	ate and hour and from the co	uses stated
		226. SIGNATURE	7/ /_	0	DEGREE		22c. DATE SH	GNED
		(3), (Shunker	de	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	SIAN SIAN	15
,		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	,		
1		B.J. P.	LUNKETT .	MD	Aberdee	n Md a	21001	
	23a.	BURIAL, CREMATION, REMOVAL		23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
		(SPECIFY) Cremation	7 May 1983	Constitu	& Ferris	West Ches	ter Chester	Pa
	24 F	UNERAL DIRECTOR					256 REGISTRAR'S SIGNATUR	
	TI-C	NAME	Iomo ID A Alba-	DDRESS Md	27007 2300 M	AY 1 0 1983	John 2. Car.	:11
32	Ta	ming Funeral H	lome P.A. Aber	rdeen Md.	27007-3399 M	AY 1 0 1983	John I Caly	ul

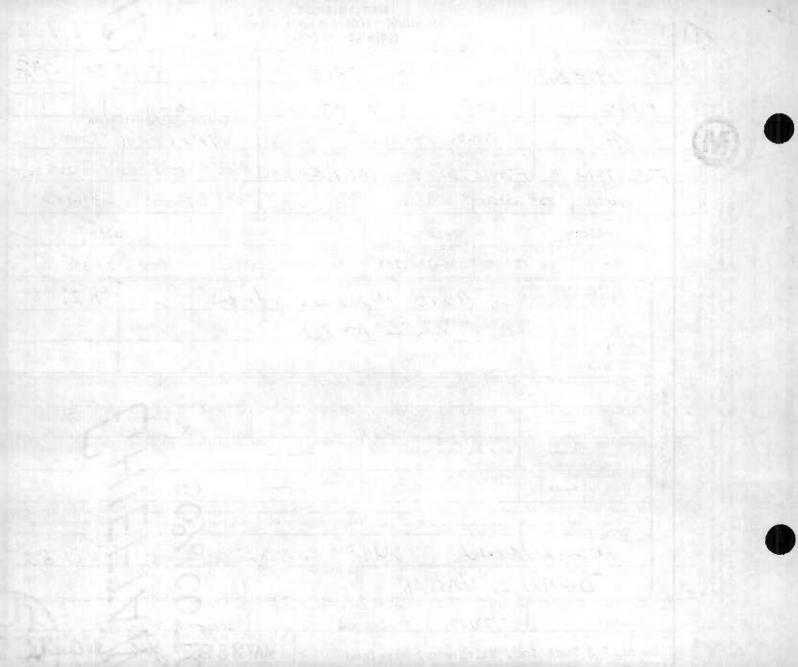
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1 40	1 .	STATE OF MARYLAND	
Y	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	270
9	10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REG. No.	3 / 0
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 76 HOUR
Maria Visi	(14)	PEORPRINT) HURSHAL F MORTORFF DEATH MATED 5 -	15 10 13 4 40
表を言うと	3. SE	X 14 PACE IS DATE OF RIPTH 14 AGE (IN YEARS FLINDER 1 YR JIELINDER 24 HDS 12 DATE MONTH	DAY YEAR 26 HOUR
2 3 X X X		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	c ~ 440
ON O	12	17ALE WATE 1 15 58 29 YRS. DEAD 3 1	19 12 M
	70 B	IRTHPLACE (STATE OR OF WHAT COUNTRY? 8. MARRIED 9. BALTIMORE CITY OR COUNTY OR COUNTY	OF DEATH
「解源者」	4.5	IORX CO. PA USA WIDOWED DIVORCED HART-UP)	MD.
1133	10 C		26. KIND OF BUSINESS
	4	Tall 14 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (FOR MOST OF WORKING LIFE)	OBINDUSTRY
N N N N N N N N N N N N N N N N N N N	J USU	AL RESIDENCE IT IN HIPTORY HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Construction
21201 ANY E AND 3 REFAIL	13a. S	STATE 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET CODRESS	Las Bay
N QUE	/	1A VORING FELTON YES NOW PET C PET	15 300
F., MD.	M.F.	ATHER'S NAME FIRST MIDDLE MIDDLE	LAST
	1	GEORGE R. MORTOFF SR FLLIQUES	miTH
O D D D D D D D D D D D D D D D D D D D	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT . (W) 20 ADDRESS	CAMEAS
BALTIMORE, S. GIVE PAGES WITH FORM P. PAGES I ANI DIVISION OF V	0	(ES, NO ORUNKNOWN) (IF YES, GIVE WAR ORDATES) 1918-42-5379 SUSIE M. MORTORFF	# 12
A S S P F S S S S S S S S S S S S S S S S			# 13
, uc , ≥ , O		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST 24 HOU TEM 1. ONG PERMI SIENE, VAL.		PARTIDEATH WAS CAUSED BY: Cardiac atthy fulli	
PRESTON THIN 24 H JOIL IN ITEM JUNE ALON ALER ALON AL HYGIE REMOVAL		DUE TO, OR AS A CONSEQUENCE OF	
WITHIN NCIL IN INER VINER WITH H		Conditions, if any, which gave rise to immediate (b) (b)	
W. W		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
TED W. XAMIR AL-TR. MENT. N. OR		lying couse last.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. SCRIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG VE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT E DEPARTIMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	13	(c)	
A A B C A A A A A A A A A A A A A A A A	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	
L RECOR] 0		
TAL RECCHOUD BE HOULD BE HIEF MED WEED AND WE	1 3	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
F VITAL RE E SHOULD MORD "PE E CHIEF A B BE USED A BUND OF HE	E		YES NO
DIVISION OF VITAL HIS CERTIFICATE SHOU WRITING THE WORD " ARDED TO THE CHIEF AGE 3 SHOULD BE USE ATE DEPARTMENT OF 1201 PRJOR TO BURIA	CERTIFICATION	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
N SHEET N		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
VISION C CERTIFICA TING THE SED TO TI 3 SHOUL DEPARTM	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21l. LOCATION	**
P S S S S S S S S S S S S S S S S S S S	WE	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	NTY STATE
THIS WAR VAR VAR VAR VAR VAR VAR VAR VAR VAR V		AT WORK AT WORK	
W = V	1	22a. I certily that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opin	nion
EXAMINER: CERTIFICATION BE FOR I. DIRECTOR: A, WITH THE:			
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EXA GER WAR		ACTUAL LACE POPULATION DATE	1-15-13
	1	SIGNATURE M.D. MEDICAL EXAMINER SIGNED	1
	1 5	EXAMINER'S NAME / F REMIEL V64 Colliance (T)	talk co
TO MED EXECUTE PAGE 4 TO FUN PATER D BALTIME	1	(TYPE OR PRINT)ADDRESS	nere
525548 52548	23a. B	JURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	Y CTATE
CV 5669	1	BURIAL 5-19-83 RED LION CEMETERY RENLION YOX	16 DA
977719-	24 F	UNERAL DIRECTOR	-11
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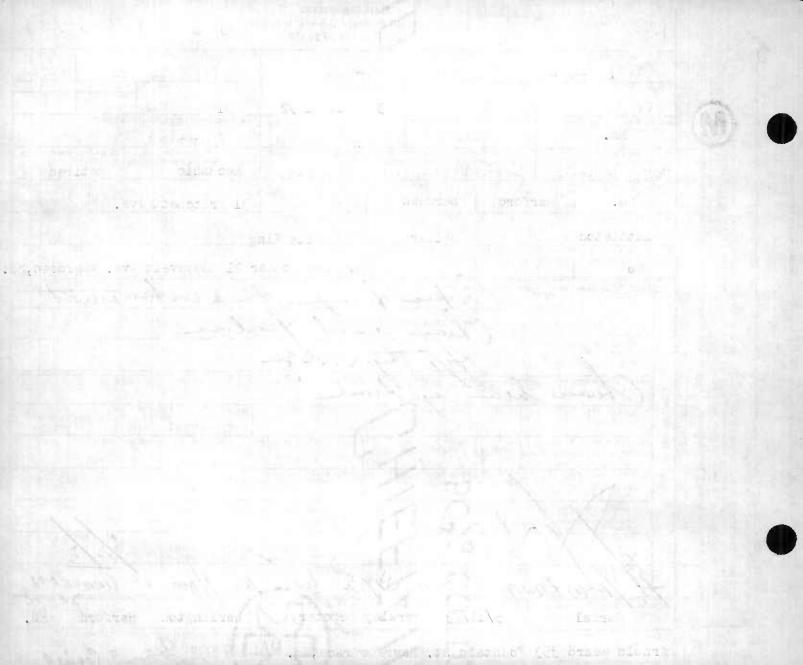


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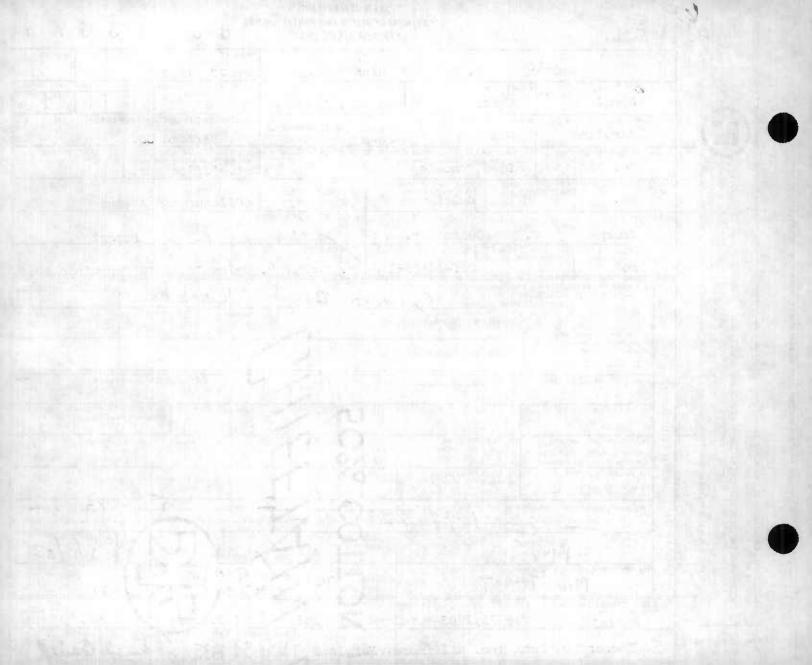
	4			STATE OF	MARILAND				
2		FOR STATE REGISTRAR		CERTIFICA	TH AND MENTAL HYG TE OF DEATH	REG. NO	D.	3 5	7 3
<i>D</i>		CEASED NAME FIRST	MIDDLE	D /	,	2a. DATE OF DEATH	MONTH DAY	- 1	HOUR
page 3		Little ton		Poti	ter	MAY	12,198.		7:40A
fer p	3. SE)		4 RACE	5. DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BE	MON		OURS MI
60	-	Male	В	3	17 1892	91	YRS.		
de or P	, ,	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	P BALTIMORE CITY O	ord ord	DEATH	
by the Filled with	Ha	ure de Grace	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES HAFFORD MO		ospital	17a USUAL OCCUPATION OF THE OF WORK FOR MOST OF Mechanic		126. KIND OF E INDUSTRY Retir	
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n ond co Poges I		VAS DECEASED EVER IN U.S. AR			NFORMANT	ADDRE	SS		
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uires that tight and tight and the please in burial, are burial, are ury, or other	z	couse (0), storing the underlying couse lost.	DUE TO, OR AS A CONSTITUTION OF THE PROPERTY O	6 / hypri		INAL DISEASE OR CON	OITION GIVEN I	N PART Ing-	
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he lo on. hos per ene	TIFICATIO	IN DATE OF OPERATION	1% CONDITION FORWA	HICH OPERATION WA	AS PERFORMED	YES NO		G CAUSES OF	
rding physicion. rding physicion. nis certificote hos buriol-tronsit per i Mental Hygiene or Item 18 shows	MEDICAL CERTIFICATION	218, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	1 DAY YEAR 19 211.		A Maria Caraca C	YES [G CAUSES OF	DEATH?
SICIAN: The land physicion. certificate has ricol-transit per ental Hygiene Item 18 shows		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (HE BITHER, NOTHER MEDICAL EXAMINER 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 23e. PLACE OF INJURY MATHOME, STREET, FACTORY, OF	H DAY YEAR 19 FFICE, FARM, ETC.) 211 FFOR	HOW INJURY OCCURR LOCATION STREET 19	VES NO RED (ENTER NATURE OF INJUR	YES [YES] YES [YES] YES [YES] YES]	G CAUSES OF OR PART 2) COUNTY	STATE
DR ATTENDING PHYSICIAN: The keep to special or ottending physician. SIRECTOR: After this certificate hosehof for use as the buriol-transit per bed for use as the buriol-transit per bed. of Health and Mental Hygene them 21 is marked or them 18 shows		21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (HE BITHER, NOTHER MEDICAL EXAMINER 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 23c. PLACE OF INJURY NAT HOME. STREET, FACTORY, OF	H DAY YEAR 19 FFICE, FARM ETC.) 70 FOR DEGR	LOCATION STREET 19 of in (my) (our) opinion of the control of the	VES NO RED (ENTER NATURE OF INJUR	IN CERTIFY IN YES ON THE MENT OF THE MEN	G CAUSES OF OR PART 2) COUNTY	STATE It (II (we))
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HOSPITAL OR ATTENDING PHYSICIAN: The kined by the hospital or ottending physician. FUNERAL DIRECTOR, After this certificate has lid be detached for use as the buriol-transit per hithe State Dept. of Health and Mental Hygene ORTANT: If them 21 is marked or them 18 shows	MEDICAL	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (HE BITHER, NOTHER MEDICAL EXAMINER 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY AT HOME. STREET, FACTORY, OF	FFICE, FARM ETC.) PEGR	LOCATION STREET 19 It in (my) (our) opinion of the physician of the physi	VES NO RED (ENTER NATURE OF INJUR CITY OR TO	WN . 19_ ste and hour on-	COUNTY COUNTY , tho	STATE It (I) (we) I



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STATE OF MARYLAND



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	of may be	y rector, page 3	Control of the Contro
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours off per 4 may be retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by westor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumatic event, the medical examines may be accounted.
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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 REG. NO.	1	3	5	7	
OF DEATH HOLES		DAN ME			-

		REGISTRAR							REG.	NO.			
		CEASED NAME	FIRST	T. ST.	MIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b H	OUR
			MED		Felty	RE	YNOLDS			5-10	0-83	3	:р м
×	3 SEX	X		4 RACE		5 DATE C		WE AD	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY		DER 24 HRS
		Female		White		Jun	e 17	1911	71	YRS.	MONTHS DATE	HOUN	» MINI
6		RTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		Y OF DEATH		
2	W	th Co. Va		U.S./		WIDOWE		VORCED [Harford				MD.
0	H	AVRE-de-G	RACE	CITIZ	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET VENS NURST	ADDRESS)		TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOSE BOOKEEDE	T OF WORKING I	IFE) INDUSTR	ΥΥ	NESS OR
5	13a S	AL RESIDENCE (IF NO STATE Md.	13b COUN	VTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW RISING	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRES		21	91	11
2		THER'S NAME FIRST		WIDDLE	Felty		15 MOTHER	S MAIDEN NAM	WIDDLE		Fe	îty	12
h		AS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17. INFORMA	INT		RESS		D .	
4	(Y	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-12-30	001	Horace	E. Rey	ynolds '	7/lele Risi	egraph inn Sun	Ka Ma	i en
7	CERTIFICATION	Conditions, if on gove rise to in couse (a), stoll underlying could part 2 OTHER SIG	nmediate ing the se last GNIFICANT ((c)CONDITIONS C	ON AS A CONSEQUE	DEATH BUT			NAL DISEASE OR CO	20b. IF YE	S, WERE FIND IFYING CAUSE	INGS US	ATH?
2	MEDICAL CERT	21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTHY ME 21d INJURY OCCU WHILE NOT AT WORK	CAUSE OF DEA) HOUR A	DF INJURY M. MONTH DA M. OF INJURY (REET, FACTORY, OFFICE, FA	19	216 HOW IN		YES NO ED ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2) COUNTY	NO	STATE
7	(:	URIAL CREMATION SPECIFY) Burial	Sed olive on	Lee	y offer death. 19	AME OF C	DEGREE	TTENDING DHYSICIAN DESCRIPTION OF THE PROPERTY	Med C 23d LOCATION CITY OR TOWN COLOTE	AFF SICIAN []	COUNTY:	e couses	(we) lost stoted
	F FU	INERAL DIRECTOR	1.0	Jos du	ADDRESS .	ng St	in Mo	250. DATE	AY 1 2 1983	R 25 REGIS	TRAR'S GN	a live	4

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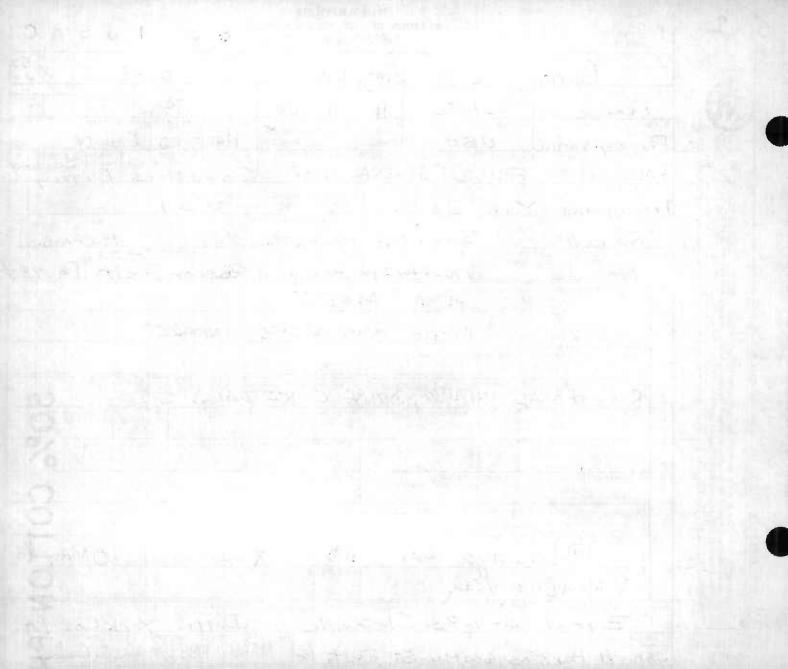
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	1	FOR 6-10-83	Jlb		FHEALTH AND MENTAL H IFICATE OF DEATH	0 0	135	78
m.e		ECEASED NAME PE OR PRINT)		MIDDLE	LAST .	REG. NO	AONTH DAY YEAR	2b. HOUR
o diese			ece	Kichr		MAYO	4 1983	4 AM
新 尼。	3. S	EX	4 RACE	******	E OF BIRTH NTH DAY YEAR	6. AGE (IN YEARS AST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BUE		Male	White	Sep	t. 9, 1918	64	YRS	
50	70.	BIRTHPLACE (STATE OR FORE COUNTRY) Tdaho	USA		RIED X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	AAD
d within 72	10.	CITY OR TOWN OF DEATH	11. NAME OF H		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		OF BUSINESS OR
ed led	0 /4/	gure de Gra	ce HAr	ford Men		Canning		Canning
ould be	6			INC. CITT ON TOTAL	TOU IN SIDE CITT ENVITO		7.1	21001
shou		Maryland H	larford	Aberdeen	YES NO K		an Rd. Aber	deen, MU
ond 2		FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE	LAS	illen
	160	WAS DECEASED EVER IN	Lee	Richardson 16b 219-14-15	Melissa			
Poges	100	(YES, NO OR UNKNOWN)	F YES, GIVE WAR OR DATES)	4.		17I	l Perryman	Road
papers. P moval.	 	NO	inter anly ane cause per	219-1542	MOTILE N. I	Richardson Abe	rdeen, Mary	MATE INTERVAL ONSET AND DEATH
sose remove corb ol, cremotion, or r ather troumotic		Canditions, if any, will gave rise to immed cause (a), stating underlying cause I	hich (b)	AS A CONSEQUENCE OF				
a buric jury, a	Z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE SE	RMINAL DISEASE OR CONDI	TION GIVEN IN PART 110	a ·
ows any in	CERTIFICATION	19a. DATE OF OPERATION	N 196 CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
ental Hygie Herr 18 sha	1	OR CONTRIBUTING CAUS		INJURY A. MONTH DAY YEA	R 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL E	EXAMINER) P.A					1
	MED	21d. INJURY OCCURRED	CAT HOME STOR	OF INJURY SET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
alth and marked		AT WORK AT WORK		Assessed to	12x4 108	3 5/34	93	
21 is r		22a.1 certify that (1) (this saw the deceased of	alive an J	19 X 2	, 17	an death accurred an the date		that (I) (we) last
F hem 2		22b. SIGNATURE	(did nat) view the body o	after death.	DEGREE		22c. DAT6	
with the State De IMPORTANT: If II		12	Klum	lets of	MD ATTENDING	MEDICAL STAFF	c/	24/13
ZY-		224. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS	- Cy Direction El Titione		
MPORTANT		BARRY J	Plunko	TT JP	W. BelaiR	AUE. Abe.	Rdgen, m	d 2/00/
3 3	23a	BURIAL, CREMATION, REA			CEMETERY OR CREMATOR		411	
11-		Burial	May 27,	1983 Harfor	d Memorial Go	dns Aberdeen,	Harford Ma	ryland
5 50M 4/B2		FUNERAL DIRECTOR			25a. C	DATE REC'D. BY REGISTRAR	REGISTRAR'S SIGNAT	TURE
15, 4)	Ta	arring Funera	al Home, P.A.	Aberdeen, M	,21001-3399M	IAY 3 1 1983	ohn I. Can	rela

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/ b		STATE OF MARYLAND
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2 70	1	Corrine E Singleton 5 05 83 8 pm
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DEPARTMENT OF HEALTH AND MENTAL HYGERE REGISTRAR 1. DECEASED NAME TRIST MODILE LAST LAST	1				STATE	OF MARYLAND)					
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15. MOTHER'S MAME Jimmy D. Smith Vickst Lynn Curry	13a. STATE	Hb/COL	UNTY	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY	LIMITS?	13º STREET A	ADDRESS	Da		6100
Jimmy D. Smith Vicki Lynn Curry 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT HER DEATH W. Smith 110 Rhineforte Drive Churchville, Md., 21028 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF, (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSES OF INJURY HOUR A.M. MONTH DAY YEAR 198 PLACE OF INJURY AND COUNTY STATE WHILE OR NOT WHILE 198 PLACE OF INJURY 198 PLACE OF			riora	CHULCHV.	TITE	broopl			ATOTHO	na.	-	1102
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19th Date of Operation 19th Condition for which operation was performed 20th autopsy? 20th if yes, were findings used the Certifying Causes of Death? YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES			(6)	AS A CONSEQU	JENCE OF							
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	21d. IN		21e PLACE C	OF INJURY		211 LOCATION					COUNTY	
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saw the deceased olive on			11 1					,		111-	22c. DAT	E SIGNED
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10		FOR Item 130	&e 6-19-8	83 chepapt	STATE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE			
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AND 42 4	7		arford	Morder		YES NO	None 41	MacPha	ail Rd	21014
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	Z	1) 0.	namy.	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	ENTIPLOS	4
RECORDS low requi	CERTIFICATION	198. DATE OF OPERATION		HTION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY	20b. IF YES	, WERE FINDING	S USED
TALRI The lo icion. The lo icion. The lo sipper shows	71 1		net	aple	Cally	2	YES NO		YING CAUSES C	NO DEATH?
> Z % 0 0 £ 8	200	218. ACCIDENT WAS DIDERLY!		OF INJURY	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM 18. P	ART 1 OR PART 2)	
SION OF VI	MEDICAL	(IF EITHER NOTIFY MEDICALEX	ANNER) P	.M.	19					
	MED	21d. INJURY OCCURRED WHILE NOT WHILE [AT WORK AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
ENDING P ol or other OR: After the	98	22a.1 certify that (1) (this	hasnital) attended t	he deceased from	13	30 10 83	to (127	10 83 11	ot (I) (we) lost
R ATTENDIN hospital or hed for use of health o		saw the deceased all above, (I) (we) (did) (71 1/7	, an	d that in (my) (our) apinion	death occurred an	the date and hou		
OR A biREC ched i ched i frem		22b. SIGNATURE	Sta not New the opa	y otter death.		EGREE	/		22t. DATE S	IGNED
		ma	me of	sate-		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [52	13
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	24 F	UNERAL DIRECTOR	31 10	ay 03 5	T. Paul	S Lutheran	ADET DE REC'E	TAR MEGIST	RAP SICHARO	N ma
DHMH - 16 50M 4/82 (VRA 15, 4)	Ta	erring Funera	1 Home P.	A. Aberde	en.Md.	21001-3399	N S 188			100
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TO VE-DI-S WAST MANT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH TTYPE OR PRINTS Anna 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY MONTH 1901 female white 82 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Groce house-wife home DOUAL RESIDENCE (IF NURSING HONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 4224 Lynhurst Rd 21219 Maryland Baltimore YES T NO TX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Schmidt Rosa ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gary A/ Urbach no CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if onv. which gave rise to immediate couse (a), stating the CONSEQUENC underlying couse last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART TO CONDITION FOR WAICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTICE MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21s PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET 22s.1 certify that (1) (this hospital) attended the deceased from 19. X 3 , and that in (my) (aur) apinian death occurred an the date and hour and from the causes pated sow the deceased alive on_ obove, (1) (we) (did) (did nat) view the bady after death. 77h SIGNOFFUR DEOREE 22c DATE SI ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 126. PHYSICIAN'S NAME (TYPE OR PRINT) 220. AUDRESS the 5 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY 5/24/83 Burial Sacred Heart Of Jesus Baltimore Md 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 1005 Dundalk Avenue Walter Dabrowski (VRA 15, 4)

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W 100-611	3. SE	X 4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	la B	IRTHPLACE STATE OR FOREIGN 71	6. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
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		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC		ADDRESS	CRAIG
		YES NO OR UNKNOWN) IF YES, GIVE Y	WAR OR DATES)	-5136 JILL 5.5	OSTRIN, DARI	INGTON, MD.
ovol.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for (a), (b), o	nd Ic \		BETWEEN ONSET AND DEATH
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C we build	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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o h	MEDICAL	214 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
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S 30		22a.1 certify that (1) (this hospital		5-19 19 83	5-2+	. 19 83, that (I) (we) last
21 :		saw the deceased olive on abave, (1) (we) (did) (did nat):	view the body after death	63, and that in (my) (aur) opinion	death accurred on the date and ha	
Hear		226. SIGNATURE	A cody difer dedili	DEGREE		22c. DATE SIGNED
± :		184	+/	MD . ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	5-27-83.
IMPORTANT: IF		22d. PHYSICIAN'S NAME TTYPE ORP	RINT)	22e ADDRESS		
MPORTAN		B- PAREKH	MD.	1908 Harf	and Rd, fallstn	1 MD 210 47
5	23a I	SPECIED		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
0		BURIAL	5-39-83 D	ARLINGTON CEM	DARLINETOH	HARFORD MD.
4/B2		UNERAL DIRECTOR	ADDRESS	250. Q-AT	UN 2 1983 O	
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BEL Air, Maryland 21014

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTE LAKE (MAY 2, AB3) TYPE OR PRINTE Wilcox Race 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS white MONTH FEMALE 82 JUNE 1900 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mis. A. Harford Colorado WIDOWED A DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Haure De Greace, Mo F8 pracion Public Librare Homo USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD 13b COUNTY 13e STREET ADDRESS Harford Co. Bed Air (21014) 1327 Saratnas YES T NO IX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE G: FE ?N LAKE FANNY Moody 17. INFORMANTIBAUGHER 1838-2971 ADDRESS 327 Saratoga Drive 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 157-34-1757 Mrs, SANdra J. VANDET BEEK BELATT, MATHRIE 21014 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for p), (b, and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A GONSEQUENC Canditions, if any, which gave rise to immediate cause (a), stating underlying cause RELATED TO THE ERMINAL DISEASE OR CONDITION GIVEN IN PAR CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

ATTENDING

STAFF

, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

22c DATE SIGNED

2 MAY 1983

saw the deceased alive on above, (I/Nee) (did) (did not) view the body after death 77h SIGNATUR

23e BURIAL, CREMATION, REMOVAL

274 PHYSICIAN S NAME ITHE OF PENTS

220.1 certify that (1) (this haspital) attended the deceased from.

JJb. DATE MAU. 4, 1983 231. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION GEO. WAShington MEM Park

EDICAL

PHYSICIAN DIRECTOR PHYSICIAN [

PARAMUS, BETGEN CO, NEW JETSEY 07652

DHMH - 16 50M 4/82 (VRA 15, 4)

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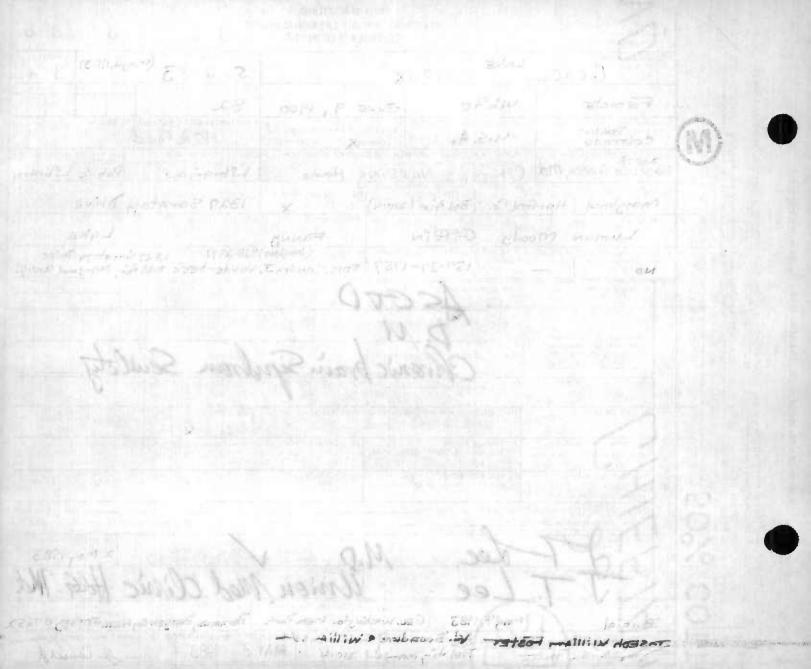
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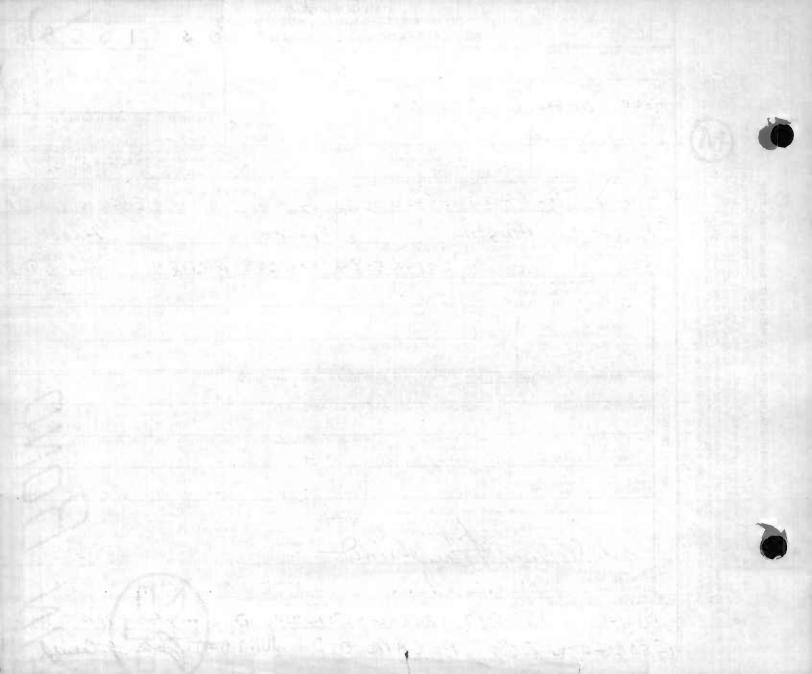
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M. Broadung & Williams & Date REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND



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ULD BE EXECUTED WITHIN 24 HOURS AFTER PEATH. IT ANY DEL FENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. AND 3 TO FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P EED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. AL, CREMATION, OR REMOVAL.	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
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